N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A RESERVED MARGIN

	130 tim ore (10)	CERTIFICATE OF DEATH
Cour	nty 13 alf more	Registered No. 38
Villa	PULL NAME Robert ale	St; Ward)  [If death occurred is a hospital or institution give its NAME losteat ef street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17)  I HEREBY CERTIFY, That I attended deceased from
6 DAT	(Month) (Day) (Year)	that I last saw have allow on June 27, 1914
7 AGE	11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5.426.m. The CAUSE OF DEATH* was as follows:
(a) Tra particu (b) Ge busines which	ede, profession, or war large to the Colour la	Contributory Low Contributory (Secondary)
10 NAME OF No. A. aberto		(Signed) 8-6 E 6 G 6 M. D.  And 28, 1914 (Address) Harrillo are.
L	OF FATHER (State or country)  MAIDEN NAME hay Grail  OF MOTHER hay Grail	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
	SBIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, It not at place et death?
(Inf	(Address) Hamilton had	19 PLACE OF BURIAL OR HEMOVAL JATE OF BURIAL Found on Tark Gunelor Jume 29,191 4
	6/29 1914 Bus Smushe	30 UNDERTAKER GADDRESS

STATE OF MARYLAND

5531

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISTASE Kervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Purrperal septichaecause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Puerpenal peritonitis," etc. State cause for tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 de.; "Exhaustion," Examples: For VIO-



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Item 10

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important.

RECORD

ANENT

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... f day, 7 hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE LZ OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 04 12 MAIDEN NAME OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State ...... yrs. \_\_\_\_ mos. ..... ds Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Filed 6 REGISTRAR If more blanks are needed, address State Regis trar, & F. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Tuekperal peritonitis," etc. childbirth of miscarriage. as "Purperal septichacetc. when a definite disease can be ascertained as the inus," "Old Age," "Shock," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencia ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably genltal," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e.g. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Taemia," "Wcakness," (name origin; "Can State cause for "Exhaustion," Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PFEMANENT RECORD FOR BINDING MARGIN RESERVED 7. S. No. 1.

County Ballemore	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 98
Village or City Roland Josh (No. 10.	Asland Ward)  [It death a hospital of give its NA et street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Timale Thile (Witte the word)	18 DATE OF DEATH 24 (Month) (Day)
6 DATE OF BIRTH  May 3/ (Month) (Day) (Tear)	I HER BY CERTIFY. That I attended decea
7 AGE  If LESS tha 1 day,hrs ORmin.?	The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work	Cretral Tenumbage
(b) General nature of industry, business, or establishment in which employed (or employer)	Gentributory (Duration) yrsmos.
9 BIRTHPLACE (State or country)	(Secondary)
- Callem A	(Doration) yrs mos.
10 NAME OF Chas. J. Elwart	(Signed) M. T. Posle
10 NAME OF Chas. J. Elwort	(Signed) M. J. J. Signed) M. J. J. J. Signed) M. J. J. J. Signed) M. J.
OF HOTHER Many Outle	(Signed) (Address) Adam Tan  *State the Disease Causing Death, or, in deaths from V CAUSES, state (1) Means of Injury; and (2) whether A TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS, TRA OR RECENT RESIDENTS)  At place  In the
10 NAME OF FATHER Chas. J. Slewart  11 BIRTHPLACE OF FATHER (State or country) Virginia  12 MAIDEN NAME OF MOTHER MANGELIELLE	(Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from V CAUSEN, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS, TRADER OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs. mos.  Where was disease contracted, it not at place of death?

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[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer maborer Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursults can be known. The question tlon, is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

time and causation), using always the same accepted pneumonla"); Lobar pneumonia; Bronchopncumonia CAUSING DEATH (the primary affection with respect to losis of lungs, meninges, peritonacum, etc.. Carcin-"Croup"); Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Corcbrospinal ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE menlngitis"); Diphtheria (avold use of

> dent; Revolver round of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. s. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Tuerperal peritonitis," etc. State cause come which surgical operation was undertaken. For areas etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhirth or miscarriage, as "Purapresal scritting". Accidental drowning; Struck by railway train accidents; Revoluce acound of hand LENT DEATHS STATE MEANS OF INJURY and quality and accidental, suicidal, of Homicidal, of as probability mus," "Old Age," "Shock," "Uraemia," "Weakness genital." "Senile." etc.), "Dropsy," "Exhaustion," "Haemorrhage," "Inantition," "Marassante" "Old Ago," "Shock" "Tracents," "Weakness," "Collapse." "Coma," thenia," "Annemia" (merely symptomatic), "Atrophy Bronchopneumonia (secondary), 10 ds. Never reports mere symptoms or terminal conditions, such as "Assume to the conditions of the conditio ample: Meastes (disease causing death), 29 affection need not be stated unless important. E nant neoplasms) : Measics; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia valvular heart disease; Chronic interstitial nephritish oma. Sarcoma. etc., of ture of the American Medical Association.) ire of the American Medical Association.) The contributory "Convulsions," "Debility" ("Con-(secondary or intercurrent (name orlgin; "Can

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



ATE OF BURIAL ADDRESS

. S. No. 1.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 S INK-THIS UNFADING WRITE PLAINLY, WITH

Village or City Rear Alexa (No. 2 FULL NAME John Hussley	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 255  St.; Ward)  [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1914, to 44, 1914,
7 AGE    (Signal) (Day) (Year)   1 tess than 1 day,hrs. ORmin.?   8 OCCUPATION (a) Trade, profession, or particular kind of work.	that I last saw have alive on fine 3 1 1914 and that death occurred on the date stated above, at 4,30,0,1m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Soule (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVAIS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, it not at place of death? Former or usual residence.
15 Filed Junes 1914 Jose Buelm	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or errainal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ter" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

W. B. No. 1.

1

Village or City United (No. 80.  FULL NAME THE STATE OF DEATH 5535)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  St; Ward) St; Ward) Fit death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIPATE OF DEATH
B DATE OF BIRTH  4 COLOR OR RACE  WINDOWSED, ORDIVORGED (Write the word)  N V  19 14	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191,
(Month) (Day) (Year)  7 AGE  If LESS than 1 4ay,	and that death occurred on the date stated above, at
which employed (or employer)	Contributory (Secondary)
OF MAME OF FATHER  OF STATE  OF STATE  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs, mos, ds. Where was disease contracted,
(Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  DATE OF BURIAL  AND

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specirtatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Examples:



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PLACE OF DEAT	
Cou	unty Balting
Vill	age or City Moderate
	FULL NAME
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3 SE	4 COLOR OR F
7	rual While
6 D#	ATE OF BIRTH July
	(M
TAC	
	40 yrs 8
(a) par (b)	CCUPATION ) Trade, profession, or ricular kind of work
	ich employed (or employer)
9 BI	(State or country) Bal
	10 NAME OF SALLE W
PARENTS	11 BIRTHPLACE OF FATHER (State or country)
	12 MAIDEN NAME OF MOTHER Mari

5	5	3	6



(Year)

It LESS than

1 day,....hrs.

OR ..... min. ?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

of street and number. 1

SINGLE, MARRIED, Navional WIDOWED, ORDIVORCED (Write the word)

(Day

L AND STATISTICAL PARTICULARS

COLOR OR RACE

(Address) ...

15

(Month)

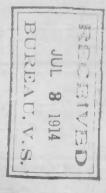
INCOICAL GERTIFICATE OF DEATH
16 DATE OF DEATH  (Month) (Day (Year)
May 5 I HEREBY CERTIFY, That I attended deceased from
that I last saw h. [ alive on June 10 th 1914
and that death occurred on the date stated above, at 10.45 Am,
The CAUSE OF DEATH* was as follows:  Epelypory - ragnosin Dementia
abl (Duration) // yrs. a mos. a ds.
Contributory CX- Ciculi Guerro- Ecclericis
(Signed) Frank J. Channey, M. D. June 1115, 191 4 (Address) Mr John My
*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place 7 9 - In the North Chord
of death yrs. 8 mos ds. State yrs mos ds Where was disease contracted. Oak Know - Suppose If not at place of death? Cont.
Where was disease contracted, out Know - Suppose
Former or Po allimon usual residence 12 Allimon hed -
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Tonest bell Hayngedim 8/3, 191 4
20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mme, etc. "Mauager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee ou Nomenclaby carbolic acid-probably suicide. The nature of the cause. Always qualify all diseases resulting from ture of the Americau Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustiou," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. Is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for For vio-



PHYSICIANS RECORD PERMANENT classified proper INK UNFADING suppli certificate, 6 Instructions OF mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No......3 Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE WIDOW Walle I HEREBY CERTIFY. That I attended deceased from (Month) (Day TAGE If LESS than and that death occurred on the date stated above. 1 day .....hrs. DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. .... State ..... yrs. \_\_\_\_ mos. \_\_\_ ds Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 mrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But iu many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carein-

naut neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Deblity" ("Cougenital," "Seuile," etc.), "Dropsy," "Exhaustion" thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras." Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 1.9 acts Registration Dist. No. ..Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH MARRIE WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1. 45% m 1 day hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory \_\_\_ Secondary 10 NAME OF FATHER jo back 11 BIRTHPLACE PARENT OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. Where was disease contracted. if not at place of death? Former or Every item CAUSE OF Important. usual residence DATE OF BURIAL (Address) .--15 ADDR

If death occurred in

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfuily employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dcaler," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH  County Bulls  Village or City Colgato (No. 1900)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
2FULL NAME Mabel 13	uckwell
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191,
(Month) (Da) Kear)	that I last saw h alive on, f91
7 AGE   11 LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work.	iccidental drowning
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Bureller)
10 NAME OF Walley (Bleckwel	(Buration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  2	*State the Disease Causing Dualt, or in deaths from Violent Causes, state (1) Means of Industry; and (2) whether Accidental, Suicidal, or Hoslicidal.
12 MAIDEN NAME OF MOTHER Lawre 2mgch lun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mos ds
(informant) Lawra Backwell	Where was disease contracted, It not at place of death? Former or
(Address) Calgute Bencree	BLACE OF BURIAL OF REMOVAL DATE OF BURIAL 15 , 191.4
Flied Jun 12, 1914 Station PREGISTRAR	20 UNDERTAKER LAU ROSS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	6	11	1914
***************************************	(Month)	(Day	(Year)
		t I attended de	
Apr. 22 1	914, to 9	une 11	191 4
that I last saw h Wall		ne 10	
and that death occurred o	on the date stat	ed above, at	-A.m.
The CAUSE OF DEATH*	was as follows	:	
Puls	nry	re	
about	(Duration)	Zyrs.	nosds.
Secondary			
(Signed) Mary	(Duration)	- yrs -	nosds.
6-11, 191 \( (			
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMIC	NS OF INJURY:	or, in deaths fr and (2) wheth	om VIOLENT er Acciden-
18 LENGTH OF RESIDENTS) At place of death yrs mos.	_ In the	11.	

OR RECENT RESIDENCE (FOR HE	DSPITALS, INSTITUTIONS	, TRANSIENT
At place of death yrs mos ds.	In the	
Where was disease contracted.	State, yrs	mos.,

If not at place of death? Former or

usual residence... OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER AD DEES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ball , Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS than

1 day, .....hrs.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also 2(b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various parsuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 6 1914

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Balla 104	CERTIFICATE OF DEATH
Gounty Dawy	A A Registration Dist. No.
Highlandton ING	A following the state of the st
Village or City Jy Graduate Vino. 100,	St.; Ward) a hospital or institution, give its NAME instead
Slenry of	of street and comber.]
* PULL NAME SYNVY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED.	16 DATE OF DEATH Surr 8 1914
Mule White (Write the word)	(Month) (Day) (Year)  174 I HEREBY CERTIFY That I attended deceased from
B DATE OF BIRTH	May 17, 1914, to June 1914
(Month) (Day) (Fear)	that I last saw have alive on June of 1910
(Month) (Day) (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at 5.15 m.
50 A 2 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION OS. C ds. OR	
(a) Frade, protession, or	Withat of smorely
particular kind of work	
business, or establishment in Machine which employed (or employer)	(Ouration) yrsmos Z ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
way	(Dation) yrs mes ds.
10 NAME OF FATHER ALL ALL ALL	(Signga FV m 9. Omner
2 11 BIRTHPLACE	mus P 1914 (Address Farmen After + P.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	*State the DISEASE CAUSING DEATH, or, 1 Tachs from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
Z 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a gugusta	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Interment Christine Breschee	Former or
106 & 8000 15	19 PLAGE OF BURIAL OR ROMOVAL DATE OF BURIAL
(Address) 100 D. Elimin	1301-10 100011
June 11 11 1186 Mel Variation	20 UNDERTAKET / ADDRESS 2011
Filed , 1917 Registra A	Philip Servis Orleans
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The guestion tion is very important, so that the relative mealthfulcases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... "Heart fallure," "Haemorrhage," "Inanition," "Maras The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 7 1914

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

S. No. 1.

PLACE OF DEATH 5542 County Balla Ma	STATE OF MARYLAND CERTIFICATE OF DEATH
()	Registration Dist. No. 39
Village or City Eleneve (No. 6)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME JAMESO DOS	Ny
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX J. 4 COLOR OR, RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17
B DATE OF BIRTH  (Month)  (Day)  (Year)	June 10, 1914, to June 10, 1914, that I last saw her allve on 11, 1914
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3.30 m.  The GAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work	Congenial alylachym (Buration) yrs. mos / ds.
9 BIRTHPLACE (State or country) Servere Mrd	Contributory (Secondary)
OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Bally Co	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Warren Md	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
16 Flied June 14: 9: 5. Payrel TEGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Popular Gem June 11, 1914  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma, etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify ail diseases resuiting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Ilt death occurred in a hospital er Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR R RAGE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, as 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF ( FATHER 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. It not at place of death?... usual residence. Important. (Address)..... 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (c. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacample: Meastes (disease causing death), 29 ds.; affection used not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of For vio



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1	PLACE OF DEATH	STATE OF MARYLAND
/	and hu	CERTIFICATE OF DEATH
Cou	unty value	Registration Dist. No. 30
Vill	2FULL NAME Bernhardt a B	Cake Rol St.; Ward)  [It death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	wale blue block biologic  wale blue block biologic  whom wishing the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  A I HEREBY CERTIFY. That I attended deceased from
6 D/	### ##################################	that last saw helm alive on June 2, 1914.
7 A C		and that death occurred on the date stated above, at 9 0 m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi whi	GCUPATION Trade, profession, or may Union abbedion General nature of Industry, iness, or establishment in ch employed (or employer)  GCUPATION  Return  Return	Old age, mitial Regulation  (Duration) / yrs mas. ds.  Contributory Squareue of left-look
BI	State or country)  Sermany.  10 NAME OF FATHER  White the service of the service	(Signed) Marshall B wast , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  UM	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOSCOPPING PROPERTY OF THE STATE OF
PAR	12 MAIDEN NAME OF MOTHER  ULLL	TALL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the ot death yrs, mos. ds. State yrs, mos. ds
	Interment) This Bertha Serkin	Where was disease contracted, It not at place of death?  Former or usual residence.
16	ed June S 1914 marshall B West	Balta Cerretury Date of Burial  20 UNDERTAKER  DATE OF BURIAL  LO, 1914  ADDRESS
	REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURIEAUT V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

See Instructions of information

N. B.-Every Item CAUSE OF Important.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

1 PLACE OF DEATH

5545

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Riderwood (No. Josepha Road St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead

	2FULL NAME John Brown	ot street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  Single, MARRIED, WIDOWED, OR OLOVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 A HEREBY CERTIFY. A hat I attended deceased from
8 D/	(Month) (Day (Year)	one with before he died a # 1914
7 A C		and that death occurred on the date stated above, at fine m, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or clickly kind of work  Clickly kind of work	July Co Moser
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	
9 BI	RTHPLACE (State or country)  Ballo clid	Secondary (Duration) yrs mos ds.
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
PARE	12 MAIDEN NAME OF MOTHER CHURY WRatgel	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
_	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs. mós. ds. Where was disease contracted.
	(Informant) Charter Hable	If not at place of death?
15	(Address) Joffer Road Riderwax	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 UNDERTAKER  20 UNDERTAKER  ADDRESS
Fil	ed	Lilly Beiler 400 8 Math

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seulle," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Deblity" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



		S should state
	RECORD	PHYSICIAN of OCCUP
NANGIN HESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.

Village or City Reisterstonn (No. Mt. Ple	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, Single	MEDICAL CERTIFICATE OF DEATH
M White word Wiedweed (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH Jamay, 1892	Can. 26 1914, to fune 13 , 1914,
(Month) (Day) (Year)  7 AGE  1 LESS than 1 day,hrs. 0 CCUPATION (a) Trade, profession, or 1 antiquiar kind of wark 1 clerk we store	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employar)  9 BIRTHPLACE (State or country)  Annual	(Duration) 3 yrs. mos. ds.  Contributory Tulen Luc Cutero-cello (Secondary)  (Duration) 2 yrs. mos. ds.
10 NAME OF Solozuen Browns ten	(Signed) Slevhen M. D. Sure 13, 1914 (Address) M.T. Placent Ja
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the control of death
(Informant). The sest of My Knowledge	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) M.T. Pleasont, San.  15 Filed June 13, 1914 Missaude.  REGISTRAR	My Gennar Date of BURIAL  20 UNDERTAKER  Jands Leves  19 PLACE OF BURIAL  ADDRESS  1429 Balt St

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-('on') statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, us "Puerperal acptichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples: 01



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY—FNYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED FOR

1:	PLACE OF DEATH 5547	STATE OF MARYLAND	
1	1 05	CERTIFICATE OF DEATH	
C	ounty backet	Registration Dist. No.	
V	illage or City Movellam (No	St.; Ward)  [It death occurred in a hospital or lastitution, give its NAME instead of street and number.]	
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51		16 DATE OF DEATH  Jeans 17, 1914  (Month) (Day) (Year)	
6 D	ATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  J. 1913, to Allege 7 1914,  that I last saw has alive on Allege 7 1914.	
(a)	GE  If LESS than 1 day,hrs. 5-4 yrs. 6 mos. / ds. OR min.?  CCUPATION Frade, profession, or ricular kind of work  Howe	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:  Substitute of the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:	
bus whi	General nature of Industry, Iness, or establishment in ch employed (or employer)  IRTHPLACE tate or country)  Judi	Contributory Contributory (Secondary)  (Duration) 7 yrs mos. ds.	
ARENTS	11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)	
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the 01 death yrs, mos ds. State yrs, mos ds.	
	(Informant) Robert O THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at place of death?  Former or usual residence.	
15	(Address) Warelland	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  POUNDERTAKER  ADDRESS	
Fill	REGISTRAR	popolook 1003 Kralis	
1	If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health
Association

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, s.g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutorsis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," (name origin; "Can-"Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL I 1914

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No [If death occurred in .Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH 5 SINGLE. SINGLE, 3 SFX 4 COLOR OR RACE WIDOWED, ONIONI (Month) (Day) ORDIVORCED (Write the word) CERTIFY, That I attended deceased from (Month) (Day) (Year) 0 If LESS than 7 AGE and that death occurred on the date stated above, at classi O 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ...... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 5 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2), whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER lons pla 18 LENGTH OF RESIDENCE FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTA Instruct 13 BIRTHPLACE = At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs, .... mos. DEATH Where was disease contracted. if not at place of death?..... Former or PO Item usual residence Every Item CAUSE OF Important. DATE OF BURIAL 15 20 UNDERTAKER ADDRESE B REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (d)

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoses

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For vio-



N. B.

Village or City White Marsh (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 40  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 1524	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (Month)  (Day)  (Year)  (Year)  (Year)
(Month) (Day) (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, er particular kind of work	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  PRINTHPLACE (State or country) If- Murillo Cy, fully	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER MARKET STATE OF FATHER MAILER (State or country) Market State or country) Market State or country of Market State or country or country of Market State or country or	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Cliffee At Illians	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Address) White Many Old  16 Filed Level 1/191 Lf L T When the REGISTRAR  Of more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  AND

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUREPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing affection need not be stated unless important. nant neopliams); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-

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JUL 7 1914
BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 5550	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH 9
	Registration Dist. No.
Village or City Westpart (No	St.: Ward)   If death occurred in
Jack	give its NAME instead
2FULL NAME DOLLA	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
male White (WIDOWED ) gle	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
March 25 1860	, 191 , to , 191 , 191 , ,
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
58/ yrs. 2 mos. 7 ds. OR min.?	The fause of DEATH* was as follows:
BOCCUPATION	Moth & Ball annes at
(a) Trade, profession, or Brick Praker	Luce Week
(b) General nature of Industry, business, or establishment in	(Ourself on )
which employed (or employer)	(Ouration) yrs. mos. ds.
9BIRTHPLACE (State or country)  Ballin	Contributory(Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER Genol Carson	(Signed) has ffell corone 13 def.
11 BIRTHPLACE	Just (Address) My Wing, Will.
11 BIRTHPLACE OF FATHER (State or country)  Balty	State the DISEASE CAUSING DEATH OF In dottes from Warner
W 12 MAIDEN NAME OF MOTHER OF	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Balto	of death yrs mos ds. State yrs mos ds
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) See 15 mill	Former or
917C-1. A. A.	19 PLACE OF BURIAL OF BENOVAL
(Address) / cumwite ou	Mara Lank (D) and 4444
16 L 3 int I Thought	20 UNDERTAKER ADDRESS
Filed Page 191	Knell of Some 1700 to De H
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum,

sepsis, tetanus) may he stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. For viomia," "Puebpebal peritonitis," etc. childbirth or miscarriage, as "Purperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Figart fallure," "Haemourhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUSY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Examples:



OCCUPATION IS PHYSICIANS classified. pe properly pe UNFADING тау certificate. carefully that 80 of back terms, pinous 00 PLAINLY. plain Instructions <u>=</u> EATH WRITE õ Q PO Important. Every It M

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give Ifs NAME Instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH 4 COLOR OF RACE MARRIED. ORDIVORCE (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 17 (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) (Duraflon) 10 NAME OF FATHER 11 BIRTHPLACE (Address) Leduin PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) Sfafe Where was disease contracted. If nof af place of death? usual residence DATE OF BURIAL 15

REGISTRAR If more blanks are needed, address State Registrat, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS of Information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. item of information should be

1 PLACE OF DEATH

5552



#### STATE OF MARYLAND CERTIFICATE OF DEATH

respiant acto	 D131.	140,

Village or City Harrisonull (No.	St.;Ward) [If death occurred in a hospital or institution,
	lagett give its MME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVDRCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw has alive on from 1914.
7 AGE  8 5 yrs mos 6 ds.  If LESS than 1 day, hrs.  OR mln.?	and that death occurred on the date stated above, at 10.30 Pm, The CAUSE OF DEATH* was as lollows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Chronic Valrelas frant  Discuss  (Duration) 3 yrs mos ds
9 BIRTHPLACE (State or country) fur boat while	Contributory Secondary
10 NAME OF FATHER Adaeu Klohr  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Trans (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residenca.
(Address) Coolyn Trid	Mt. Olive Cemelory DATE OF BURIAL 20 HADERTAKED

REGISTRAR

If more blanks are needed, address State Registrar, 6 K. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

CAUSE OF important.

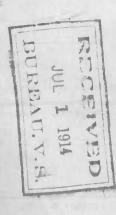
N. B.-

[Approved by U. S. Consus and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged lu the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," -Precise statement of occupa-"Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—in with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

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# MARGIN RESERVED FOR BINDING

V. S. No. 1.

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#### state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. pe pinous THIS properly AGE pe supplied. UNFADING may certificate. that 20 of back terms. pjnoys AINLY, 6 plain Instructions Information 2 DEATH 0 OF Item Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution, give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1914 WIDOWED, (Dav (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH alive on .. (Month) (Dav (Year) TAGE H LESS than and that death occurred on the date stated above, at 1 dar hrs DEATH\* was as follows 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191 ..... (Address) S ARENT OF FATHER \*State the DISEASE CAUSING DE TH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. .... Where was disease contracted. it not at place of death?... Former or usuai residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

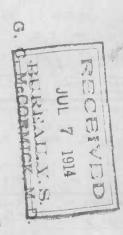
[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



SPARROWS POINT

V. S. No. 1.

PERMANENT IS UNFADING INK-THIS WRITE PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it millimportant. See instructions on back of certificate.

1 PLACE OF DEATH 55554  County Part 5554  Village or City Place /	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  I death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie, Ma	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h Mallye on Jun 17, 1914,
FAGE    If LESS than   1 day,hrs.   ORmin. ?    OCCUPATION   OR	and that death occurred on the date stated above, at 430 mm, The CAUSE OF DEATH* was as follows:  Carcurantes fluxuelt.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Russice	Contributory alineur Puntaine Secondary
10 NAME OF FATHER - Lawis Colum	(Signed) Que al Que and M. D.  (Signed) , M. D.  (State the DISPASE CAUSING DEATH of in deaths from Vigorance
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Laure Coline  (Address) 728 & Ballio	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  MATE OF BURIAL
Flied Line 7 191 4 Lev ashire	Seech Lune 1419 & Ball

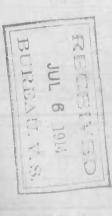
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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD

PERMANENT

PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDDWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... P BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death \_\_\_\_\_ yrs. .... mos. ... State \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death?-A Former or OF (Informant) Every Item CAUSE OF Important. usual residence. ACE OF BURIAL OR REMOVAL (Address) 16 me I 0 blanks are needed, address State Registrar, 6 E. Vranklin St., Balto., Requesting V. S. No. 1.

5555

Ilf death occurred to

a hospital or Institution.

give its NAME Instead of street and number. I

DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS Instructions

5556 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in ....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL) CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, or Divorceb (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, a 1 day ......hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_ \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State Where was disease contracted. it not at place of death? Former or uspal residence DATE OF BURIAL BURIA 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

certificate.

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	TEROL OF BEATH	STATE OF MARTLAND
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Go	unty transmitte	35
		Registration Dist, No.
A#221	and an arm Charles and and	[If death occurred in
Alti	(NO,	St.; Ward) a hospital or institution,
	P 1- P	give its NAME instead of street and number.]
	2 FULL NAME Caroline Carey	Clinto Collinar
		II
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED	16 DATE OF DEATH MAN (6 1014
1	wipower, of charries	(Month) (Day (Year)
11	wale white (Write the word)	17) I HEREBY CERTIFY, That I attended deceased from
D	ATE OF BIRTH	Jun 4 - 1914, to Jan 16 - 1914.
	Samiary 16 1831	0 10 100
	(Month) (Day (Year)	that I last ssw har alive on flat [ , 191 ]
TA	If LESS than	and that desth occurred on the date stated above, at 44, m,
	6 3 5- t day,hrs.	The GAUSE OF DEATH* was as follows:
	yrs mos ds. OR min.?	Myoculliti
	CCUPATION Trade, profession, or	and the state of t
	ricular kind of work	
(b)	General nature of Industry,	
ous whi	iness, or establishment in Al-Leance	(Durafion) yrs mos ds.
_		Contributory Mario Chance
	RTHPLACE (State or country)	Secondary
	10 NAME OF	(Duration) mos ds.
	FATHER OF THE PLANT OF THE	(Signed) Junilly M. D.
S	11 BIRTHPLACE	2 17 - 191 4 (Address) 2 Colo Bildle 9
PARENTS	OF FATHER	
M	(State or country) / Collegnond fa	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
AF	12 MAIDEN NAME CA	
4	Mina / Parring Con	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Morbolls .	At place - in the
	(State or country) If or with ' Fa	of death yrs mos ds. State yrs mos ds
4 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intornant Varsing true Collinger	Former or
	DALL LON	usual residence
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15	11-031	Treemmount Orm June 18, 1914
FI	of View 17 1910 Ples a Machon.	20 UNDERTAKER PROPERTY AND A
Fil	REGISTRAR	Henriell leading Contact
-		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
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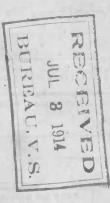
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

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W. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state  CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement—of OCCUPATION is very important. See instructions on back of certificate.	RECORD	PHYSICIANS should state
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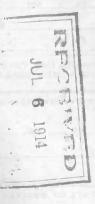
CERTIFICATE O  Registration Dis  Village or City Helidale (No. St.; Ward)	[If death occurred in a hospital or institution give its NAME instead
FULL NAME Jerous Logue	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
MARRIED, MARRIED, MONTH  MARRIED, MONTH  WIDOWED, ORDIVORCED (Month)  B DATE OF BIRTH  (Month)  (Month)  (Day)  (Year)  16 DATE OF DEATH  (Month)  (Month)  17 I HEREBY CERTIFY. That I	(Day) (Year) attended deceased from
TAGE    If LESS than   and that death occurred on the date stated   If day,hrs.	above, at 9. 9 m,
particular kied of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (Duration)  Contributory (Secondary)	
11 BIRTHPLACE OFFATHER  Signed)  (Signed)  (Address)  State the DISMARK CAUSING DEATH OF THE	yrs
13 BIRTHPLACE OF MOTHER (State or country)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENCE) At place of death yrs. mos. ds. State	
* (Informant) Coyne Where was disease contracted, If not at place of death?————————————————————————————————————	45
16 (Address) Covaine Semeley	ADDRESS  320 Hollows

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in St .....Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 191. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. .... State Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. BURIAL OR REMOVAL PLACE OF DATE OF BURIAL (Address) 15 PO UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

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5560 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated shove, st. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work utomobile (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2), whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ ds. State Where was disease contracted, If not at place of death?. usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 29 UN DERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Can-The nature of the "Exhaustion," Examples:



PERMANENT BINDING ۵ INK ESERV UNFADING ARGIN

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Baltimore Registration Dist. No Tif death occurred in a hospital or institution. give its NAME Instead of Street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDDWED. (Month) (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) 444 OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country \_\_\_\_ yrs. .... State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, (a) the kiud of work and also (b) "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Cougeuital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



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STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, Mann WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at..... 1 day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) \_\_\_\_\_\_\_mos.\_\_\_\_ds. which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory ... Secondary 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

PARENT

16 REGISTRAN 19 PLACE OF BURIAL OR REMOVAL

of dealh \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds.

OR RECENT RESIDENTS)

Where was disease contracted. It not at place of death? ...

> DATE OF BURIAL Ceruley June 30, 191 4

State ..... yrs, \_\_\_\_ ds

20 NDERTAKER

. 191.4 (Address)

\*State the DISEASE CAUSING DEATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether recipen-

18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

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If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or

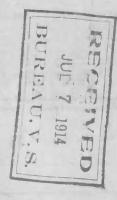
usual residence

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago. tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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CERTIFICATE OF DEATH Registration Dist. No.... If death occurred in a hospital or Institution. RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RMANENT 16 DATE OF DEATH 5 SINGLE, COLOR OR RACE MARRIED, WIDOWED, (Day) (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 밀 (Month) (Day) (Year) 7 AGE It LESS than occurred on the date stated above, at t day, .....hrs. OR ..... min. ? mos. BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State Where was disease confracted. If not af place of death? of DE/ usual residence Every iter CAUSE O important. DATE OF BURIA (Address) ... 15 ADDRESS. ż m if more blanks are needed, address State Regis trar, 6 E. Pfanklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEAT

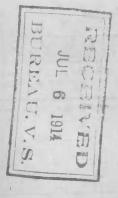
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH , C 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos. ds. 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ...... Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. ..... mos. ..... ds. State Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 15 20 ONDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULLEAU, V.S.

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state STATE OF MARYLAND Very CERTIFICATE OF DEATH D 0 PHYSICIANS shoul Registration Dist. No. Ilt death occurred to St.: .Ward) a hospital or Institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 0,06 1 day, .... hrs. OR ..... min. ? properly AGE SOCCUPATION (a) Trade, profession, or particular kind of work supplied (b) General nature of industry, business, or establishment in (Duration) ... which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory ..... Secondary (Duration) 10 NAME OF FATHER 6 on back ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER of Inford (State or country State Where was disease contracted See If not at place of death? OF Important. Every (Address).... 15 UNDERTAKE 00 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

191

(Year)

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage." "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations ou statement of



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS spould atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

County PLACE OF DEATH 5566  County PLACE OF DEATH 5566	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [It death occurred in
Village or City Control Contro	a hospital or Institution, give its NAME instead of street and number.]
2FULL NAME COMMUNICATION OF THE PROPERTY OF TH	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw har alive on June 22 1914
7 AGE  ### A	and that death occurred on the date stated above, at 10 G m, The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	Pulmoney Nekerculos
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  May laud	(Duration) yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. ds.
OF FATHER WWW EMMY  11 BIRTHPLACE OF FATHER OF FATHER (State or country)  Manufacture	(Signed) (Signed) M. D. Sure 23, 191 (Address) Calouselle Mil
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Many Gorden Kirby	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. State yrs, mos. ds  Where was disease contracted,
(Informant) Miss March & Errory	Former or usual residence Paulte, Mul.
(Address) Woodlaw May  16 Filed June 23 1914 Marslale B, West RECISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  WWY WAR AND THE STREET OF BURIAL  ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Pubermeal scottchaecause of death approved by Committee on Nomencla which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medicai Association.) "Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



7. S. No. 1.

## N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
County	Registration Dist. No 3.6
Village of City Parketon (No. 19,0	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and oumber.]
FULL NAME Clyabeth with	ma cnos 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temps White Single,  MARRIED,  WIDOWED,  ORDIVERCED (Write the word) Widow)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Televary 25, 1919, to Jerre 24, 1914,
(Month) (Day) (Year)	that I last saw held allve on the dead of 1914.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 710 f.m.
6 9 yrs. 2 mos, Jds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or Formally School Teacher.	Janes Saguegulon Stylles
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Duration) / yrs. 2 mos2 / ds.
9 BIRTHPLACE (State or country) Ballamen Cor	(Secondary)  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)
10 NAME OF Staker Miller	(Signed) State , M. D.
11 BIRTHPLACE OFFATHER (State or country) Ballmoulo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) Ballimon Co	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ballmwello.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MA KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Alfred St. Marghes!	Former or usual residence
(Address) /1543 Mysitely ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Leave 25, 194 Ett Leyde Alas	20 UNDERTAKER ADDRESS
REGISTRAR	P. Markeline for . Ather tall med
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing dever to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPIEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles' (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of ... (name origin; "Can-



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Village or City Redale (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h / alive on June (0, 1914
7 AGE  15 yrs. 2 mas. 2 ds. 0Rmin.?	and that death occurred on the date stated above, at 3350 m, The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Frade, profession, or particular kind of work	mhal Heansgleton
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary) (Quralinn) yrs 3 mas ds.
OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)  At place lo the nt death yrs. mos. ds. Stale yrs, mos. ds.  Where was disease contracted,
(Informant)	If ont at place of death?  Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  AGO TO SOLUTION OF THE PROPERTY OF THE PR
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds. For VIO-



		S should
	RECORD	PHYSICIAN of OCCUP
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
24 80		B
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state

Village or City Colony (No. 18)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 32  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME THE CONTROL AND STATE OF THE CONTROL	MEDICAL GERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Male Male Sunday (Wilder to Word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Mooth) (Day) (Year)	that I last saw hair alive on 127, 1914,
7 AGE 1 1 LESS than 1 day,	and that death occurred on the date stated above, at 8/5 Pr. m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind et work.  (b) General nature of industry,	
business, or establishment in which employed (or employer)	Contributory Myns Cs.  (Secondary)  (Buration) yrs mos ds.
10 NAME OF FATHER Dorsey Errans	(Signed)
OFFATHER (State or country) Crue de de la company of Maiden NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Cheese C	OR RECENT RESIDENTS)  At place In the ot death yrs mcs ds.  Where was disease contracted.
(Informant) (Informant) (Informant)	It not at place of death?  Former or  usual residence
(Address) 18 Stuyward Cong.  15 Filed 191 Wru S. Dever	20 UNDERTAKER WORL DATE OF BURIAL  ADDRESS  SONE Worlds
of more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diffection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

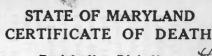
cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpresal scotticharmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition." "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion, Examples: For vio-C8.:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD UNFADING INK-THIS IS or information should be carefully supplied. DEATH in plain terms, so that it may be i See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every Item CAUSE OF Important.

5570 PLACE OF DEATH County Bult En Rd



Registration	Dist.	No	41
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St.; -Ward)

[If death occurred to a hospital or institution,

FULL NAME Hope Fers	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Color or race Single, MARRIED, WIDOWED, ORDIVORCED World Write the word	18 DATE OF DEATH 27, 1912 (Month) (Day (Year)
7 AGE  ODATE OF BIRTH  (Mooth)  (Day  (Year)  1 LESS than 1 day,hrs.	that I last saw h alive on 191 and that desth occurred on the date stated above, at 12-16 am,  The CAUSE OF BEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Chalera Infuntion  (Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER FAUL FUNCS  11 PIPTURACE  (State or country)	Contributory Secondary  (Duration) yrs mos ds.  (Signed) / Address) / On the contributory with the contributor
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CAMPUS. Maung.  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, OF, it deaths from VIOLENT CAUSES, state (1) MEANS OF LAY LLY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds
(Informant) Sova January  (Address) Sub and 13	Where was disease contracted, If not at place of death? Former or Osual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OAK Sawa Sem une 29 191 4
Filed June 2-8, 194/ WE, The Canadian	20 UNDERTAKER PAPER & Son J30 DB melde

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations ness. If retired from business, that fact may be indigainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Uh.

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



V. S. No. 1.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

1 PLACE OF DEATH

5571

#### STATE OF MARYLAND CERTIFICATE OF DEATH

31 Registration Dist. No ...

0 1	
Work 17	1,
/	

[If death occurred in a hospital or lostitution, give its NAME instead

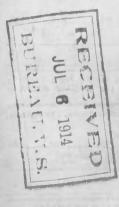
	FULL NAME Elizabeth 4 i	UI Street and nombor?
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
35	ende white Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 D	May 10 ,1914  (Month) (Day Year)	17 I HEREBY GERTIFY, That I attended deceased from  May 10, 1914, to  that I last saw here alive on 1914.
7 A		and that desth occurred on the date stated above, at
(a pa (b) bus	CCUPATION ) Trade, profession, or rticular kind of work  General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos 3 ds.
_	10 NAME OF FATHER CALLES FILM	Contributory Convulsions Secondary  (Buration) yrs mos 2 ds.  (Signed) HOUSE HUB , M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia  12 MAIDEN NAME OF MOTHER Edith Temple	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.
15 Fil	Deput or enteristrar	19 PLACE OF BURIAL OR REMOVAL  MASSAN Sover June 5, 1914  20 UNDERTAKER  Cherry Chertunt,
	If more blanks are heeded, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping eough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory "Old Agc," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



PLACE OF DEATH	STATE OF MARYLAND
County Ballenore	CERTIFICATE OF DEATH
	Registered No. 32
Village or City Williage (No. 4728	Unuleer Rest: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and comber.]
FULL NAME James Philles	au Pishes.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Wiete of the word)	(Month) (Day) (Year)  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h malive on June 17 191 4
7 AGE  7 AGE  1 t LESS than 1 day, hrs. 0 R. min.?	and that death occurred on the date stated above, st. 7m.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Chlusseluras'
(b) Genoral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
BIRTHPLACE (State or country) Hist Various	(Secondary)
10 NAME OF FATHER Lister	(Signed), Moleot Lun, M. D.
V 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of Mother Joseph Chesaleulan	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) W Va.	At place in the ot death yrs mos ds. State yrs mos ds.
informant) Man Storge M Volk.  (Address) 4728 Product 2	Where was disease contracted, it not at place of death?  Former or usual residence.  1.9 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed 191 WM S. Queen REGISTAR	20 phoentaker Blook 100321 Batt &
If more blanks are needed, address State Registra	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, perifonacum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childblrth or miscarriage, as "Purreral septicharctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Mara-"Coliapse." "Coma," "Convulsions," "Dehility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ukronie interstitial nephritix nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Nover report The contributory Aiways qualify ail diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) \_ (name origin: "Can "Exhaustion," Examples:



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Village or Chyllish (Laling ton)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 32  [If death occurred in a hospital or institution,
FULL NAME annie F	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lucle White (Writer word)	16 DATE OF DEATH , 191
TAGE	that I last saw h w alive on June 36, 1914, and that death occurred on the date stated above, at 36. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Chronic Publishins  (Duration) yrs. mos. ds.  Gontributory Usuria
10 NAME OF FATHER MC Manus  11 BIR HPLACE OF FATHER OF FATHER OF THE OF CONTROLL  12 MATTER 12 MATTER 12 MATTER 12 MATTER 12 MATTER 14 MATTER 15 MATTER 16 MATTER 17 MATTER 18 MATTER 19 MATTER 10 MATTER 10 MATTER 10 MATTER 10 MATTER 11 MATTER 11 MATTER 12 MATTER 12 MATTER 12 MATTER 13 MATTER 14 MATTER 14 MATTER 14 MATTER 15 MATTER 16 MATTER 17 MATTER 18 MATTER 19 MATTER 18 M	(Signed)
13 BIRTHPLACE OF MOTHER (State or county) relaced  14 THE ABOVE IS IRVETTO THE BEST OF MY KNOWLEDGE  (informant) Allieure (Address) STIPA Selection of the second of the s	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
Filed 191 WW 5 ALLES REGISTRAR  If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ture of the American Medical Association. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 8 1914
BURBALLY.S.

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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe pinous THIS AGE INK carefully supplied. may be UNFADING certificate. that it 20 WITH 90 back terms, Information should PLAINLY. DEATH in plain Instructiona WRITE of Item OF Important. Every Ite

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#### PLACE OF DEATH 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. Write the word Ring 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day,....hrs. OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:----Ward)

lif death occurred in a hospital or institution. give its NAME Instead of street and number. ]

16 DATE OF DEATH	1		ati	4
***************************************	12	(Month)	(Day)	(Year)
47 I UFO	EDV CED			, ,
17 I HER	EDI CER	IIFI, INACI	attended dec	eased from
			8th	
that I last saw h				
and that death occurr	ed on the	date stated	above, at 12	30am
The CAUSE OF DEAT	()		nona	lis
### ##################################	*************	***************************************		00000000000000000000000000000000000000
*****************************				***********
***************************************	(	Duration)/	yrs	osds
Contributory (Secondary)	• • • • • • • • • • • • • • • • • • • •		•••••	***********
**************************************	(	Opration)	yrsn	20 20
gran 9 1, 191 4				
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or H	CAUSING MANS OF I OMICIDAL.	DEATH, or, i	n deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESID OR RECENT RESIDENT At place	8/	In the		
of death yrs r Where was disease contract If oot at place of death?	ed.			os ds.
Former or usual residence				
19 PLACE OF BURIAL	OR REMO	. 1/	PATE OF BU	RIAL

ADDRESS

Tuto Ttall

20 UNDERTAKER

O'REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

tion is very important, so that the relative mealthfuicated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiapplies to each and every person, irrespective of age. who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, (0)

Statement of cause of death—Name, first, the dibease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report Examples:



#### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properly pe UNFADING may certificate. 0 back terms, plain Instructions DEATH See 50 Item P-0 mportant. Every it

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. -Ward) MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, Manued 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from TE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... Where was disease contracted. if not at place of death?..... Former or usual residence. 15 20 UNDERTAKER

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State DATE OF BURIAL ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred to

(Year)

a hospital or institution,

give its NAME instead of street and number. I

DEATH

(Day



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrcly symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 6 1914 HUREAU, V.S.

Important.

N. B.-

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
· Ballimon	CERTIFICATE OF DEATH
County / July / County / Count	Registration Dist. No.
	Pulher Q  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE STREET, MARRIED, Marrier OPHINGORED, OPHINGORED, OPHINGORED (Write the word)	16 DATE OF DEATH June 7th 191.44 (Month) (Day (Year)
ADATE OF BIRTH  What File (Month) (Day (Year)	that I last saw h. 1. alive on June 6 11.
7 AGE  CEG2 48  yrs. 0 mos 0  ds. 1 LESS than 1 day,hrs. 0R min.?	and that death occurred on the date stated above, at 1/4 45 Pm.  The CAUSE OF DEATH* was as follows:  Melauchdia Agitala
(a) Trade, protession, or to fe of Murch auch particular kind of work to fe of Murch auch (b) General nature of Industry, business, or establishment in which employed (or employer)	Clot or our (Ouration) 3 yrs. 0 mos. 0 ds.
9 BIRTHPLACE (State or country) Bullingon	Secondary  Contributory  Contr
10 NAME OF FATHER Harry Muliick  11 BIRTHPLACE OF FATHER (State or country) Russia.  12 Maiden NAME OF MOTHER OF MOTHER	(Signed) Frank J. F. Carriery M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Russia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 2  of death 2 yrs. mos. ds. State yrs. mos. ds
(Informant) Trank I The BEST OF MY KNOWLEDGE  (Informant) Trank I Thank The Remark  (Address) MATOR Remark	Where was disease contracted, Baltimore hed If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Filed Vare 8, 1914 House a Keylor, REGISTRAR	A Lewis - Ball & Race 9, 181 4  20 UNDERTAKER  A. Sewis - 1419 & Balle
If more blanks are needed, address State Regis	strak 6 E. Franklin St., Balto., Requesting V. S. No. 1.

por por pay on



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereulests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgiu; "Can-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustiou," Never report For vio-



county of altimory	CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City 12 th Dist. (No. 5000)	Summile Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MARRIEO, MIDOWED, MARRIEO, WIDOWED,	16 DATE OF DEATH June 3 , 191 4
ORONOGED (Write the word)  TAGE  ORONOGED (Write the word)  ORONOGED (Write the word)  ORONOGED (Write the word)  TAGE  ORONOGED (Write the word)  If LESS than 1 day,hrs. ORmln.?	17 I HEREBY CERTIFY, That I attended deceased from 25, 191 4 to 4, 191 4 that I last saw h alive on 4, 191 4 and that death occurred on the date stated above, at 4, 300. m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Cau a da	Contributory Oedema of lungs Secondary  (Duration) yrs mos 14 ds.  Contributory Oedema of lungs
10 NAME OF GLORGE Summing  11 BIRTHPLACE OF FATHER Can ada  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed)
13 BIRTHPLACE OF MOTHER (State or country) Unlawrer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Address). The above is true to the Best of Myknowledge  (Informant). A allianine Summily  (Address). Tovo 6 Donnell. St  The filed Sum 5-1814 W. Philanalian  Registration  If more blanks are needed, address State Registration	Where was disease contracted, if not at place of death?  Former or usual residence.  19 place of BURIAL OR REMOVAL CATE OF BURIAL PLACE OF BUR

STATE OF MARYLAND

5577

1 PLACE OF DEATH

1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully staployed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dcaler," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up ou account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitiat nephritis, thre of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of... "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of may be stated under the head of ..... (name origin; "Can-"Exhaustion," Never report

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JUN 5 1914
BUREAU. V.S.

	CORD	SICIANS should state	
0.1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
V. S. No. 1.		Z.	

	PLACE OF DEATH 5578	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	inty Daltimore	Registration Dist, No.
Viii	age or City Canton (No. 1019, 2	S. East are ward)  Hard is the state of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 st		16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D/	Month (Day (Year)	that I last saw h 1 ally on June 2 2 , 1914,
7 A C	if LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 1/30 P. m.  The CAUSE OF DEATH* was as follows:
(8)	Trade, profession, or of home	Tulmorcon Juliouloses
(b) bus	General nature of industry, ness, or establishment in ch employed (or employer)	(Ouratioo) yrs. 6 mos. ds.
9 81	RTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs
	10 NAME OF James Knight	(Signed) Jav. Jores, M. O.
ARENTS	OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	of Mother Mary E. Dash,	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Maryland	At place in the of death yrs, mos ds. State yrs, mos ds
	(Informant) Leo. M. Hamer	Where was disease contracted, If not at place of death?  Former or usual residence
16	(Address) 1019 S. East ave.	Mr. Carnel Cemetery June 25, 1914
FII	ed Jule 25, 1914. DE My Januaran REGISTRAR H.	20 UNDERTAKER Sirkler 3204 0'10 omall
6	II more blanks are needed, address State Regis	trar, & E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first live will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. uess. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Groeery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits cau be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart discase; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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DUREAU. V.S.

No. v2

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PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement of OCCUPATION is RECORD PERMANENT stated EXACTLY. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. that it may be See instructions on back of certificate. of information should be DEATH in plain terms, s B.—Every item CAUSE OF Important.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred in

FULL NAME Charles Ha	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute Single, Married, Married, Married, Write the word wind	16 DATE OF DEATH (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  7 AGE (Month) (Day (Year)  1 (LESS than 1 day,hrs. ORmln.?	that I last saw how alive on the date stated above, at 8 30 Pt. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  Perture (State or country)	Contributory Secondary
OF FATHER SAVIOL HORSES  10 NAME OF FATHER SAVIOL HORSES  12 MAIDEN NAME OF MOTHER SAVIOL HORSES  OF MOTHER SAVIOL HORSES  12 MAIDEN NAME OF MOTHER SAVIOL HORSES  OF MOTHER SAVIOL HORSES  12 MAIDEN NAME OF MOTHER SAVIOL HORSES  OF MOTHER SAVIOL HORSES  13 MAIDEN NAME OF MOTHER SAVIOL HORSES  14 MAIDEN NAME OF MOTHER SAVIOL HORSES  15 MAIDEN NAME OF MOTHER SAVIOL HORSES  16 MAIDEN NAME OF MOTHER SAVIOL HORSES  17 MAIDEN NAME OF MOTHER SAVIOL HORSES  18 MAIDEN NAME OF MOTHER SAVIOL HORSES  19 MAIDEN NAME OF MOTHER SAVIOL HORSES  19 MAIDEN NAME OF MOTHER SAVIOL HORSES  10 MAIDEN NAME OF MOTHER SAVIOL HORSES  10 MAIDEN NAME OF MOTHER SAVIOL HORSES  11 MAIDEN NAME OF MOTHER SAVIOL HORSES  12 MAIDEN NAME OF MOTHER SAVIOL HORSES  13 MAIDEN NAME OF MOTHER SAVIOL HORSES  14 MAIDEN NAME OF MOTHER SAVIOL HORSES  15 MAIDEN NAME OF MOTHER SAVIOL HORSES  16 MAIDEN NAME OF MOTHER SAVIOL HORSES  17 MAIDEN NAME OF MOTHER SAVIOL HORSES  18 MAIDEN NAME OF MOTHER SAVIOL HORSES  19 MAIDEN NAME OF MOTHER SAVIOL HORSES  19 MAIDEN NAME OF MOTHER SAVIOL HORSES  10	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALB, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.
16 Filed Jesse 19.1914 71, The Charles	18 PLACE OF BURIAL OR REMOVAL  SKING COUNTER  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the msease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head State cause for Never report For vio-



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

1 PLACE OF DEATH

5580



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.26

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

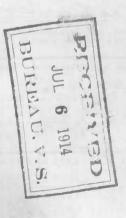
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, Write the word) Widow	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	January 2, 5, 1913, to June 25, 1914
(Month) (Day) (Year)	that I last saw h come alive on from 24 ,1913.
AGE If LESS than	and that death occurred on the date stated above, at 9 Pm,
7 7 yrs. 5 mos. ds. OR min. ?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yrs. 5 mos. 0 ds.
(State or country) Marsland	Contributory (Secondary)  Secondary (Doration) yrs 2 mos 6 ds.
10 NAME OF JUSIEM Bolyger 11 BIRTHPLACE	(Signed) Elifage , M. D.
C (State or country)  M 12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Dowl know	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the  of death yrs mos ds. State yrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Land Land	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Parkton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A. P. P. LEIS & C. M. 1914
Filed Constant Registrate	20 UNDERTAKER  Con 1911 Stiller Parkton 11

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Salcsman, As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tctanus) may be stated under the head of dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig "Contributory." nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



V. S. No. 1.

# UNFADING

PHYSICIANS should of OCCUPATION IS properly supplied. ō back Instructions = DEATH 90 OF mportant. Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ...Ward) a hospital or Institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED, L (Year) (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DI CAUSES, state (1) MEANS OF COUNTY TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At niace OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

621 S-Chile

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary fireman. etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be ludi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carein

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetauus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDEL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (secondary), 10 ds. Never report The contributory (secondary or interchrrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

bluods ION is OCCUPATION RECORD PERMANENT 4 ZZ UNFADING of back Instructions plal = WRITE D OF Important. Every 20

PARENTS

15

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 lif death occurred io a hospital or institution give its NAME tastead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RAGE MARRIEO, WIDDWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signet)

11 BIRTHPLACE OF FATHER (State or country

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.

State ..... yrs. .... Where was disease contracted,

If not at place of death? Former or usual residence

OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing neare, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehuecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for

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BURENU, V.S.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. 1 PLACE OF DEATH
County Baltimore.

5583



#### STATE OF MARYLAND CERTIFICATE OF DEATH

30

. /,	Registration Dist. No.
Village or City Gray J. (No,	St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead
FULL NAME Lawrence (1	ugustus Heptung. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day (Year)	Man 2 4, 1914, to June 18, 1914, that I last saw humalive on June 18, 1914
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Disputes Typelletier  (Duration) yrs. 4 mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country)	Gentributory Management Secondary
10 NAME OF FATHER Augustus Hefting 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 4 Se. (Duration) yrs mos ds.  (Signed) 7, 191 4 (Address) Elluror feet, Two
2 12 MAIDEN NAME OF MOTHER MORAIC Commissions	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(Interment) (Interment) (Interment)	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Lasts Clacath Coly.	20 Johns Cemetery June 20, 1914
Filed State 19, 1914 Marshall 10 WOK	Coaston Sons Colliest liti

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 5584 County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 34
Village or City M Washington (No. She	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH DOCC 1846	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191  191  191  191  191  191  191  1
B OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Peirthplace (State or country)	Contributory Coura (Outline point (Secondary) (Duration) Aris mos Z (3
OF MOTHER  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) , M. D. , M.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted, if not at place of death?  Former or usual residence
Flied 191 Will & Ducers	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PULLY 1, 191 LY  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registrar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Fubile Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divers the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medicai Association.) Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 3 1914
BUREAU, V.S.

V. S. No. 1.

AN	XAC
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANI	N. B.—Every item of information should be carefully supplied, AGE should be stated EXAG: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state Important. See instructions on back of certificate.
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1 PLACE OF DEATH 5585  County Ballimon	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35
Village or City Mt HopeRenciano. Mt A. 2FULL NAME Mariam Herry	The Med St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Telliale While Single, Married, Widower, Ordivorced Write the word	16 DATE OF DEATH Jame 16 , 191. (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  AUL DEC 75 , 1873.  (Month) (Day (Year)	that I last saw h 23 alive on June 15 , 1914.
7 AGE  4 P yrs 6 mos 0 ds 0 min. ?	and that death occurred on the date stated above, at 9:15 H.m.  The CAUSE OF DEATH* was as follows:  Malaneh Via Chronie
(a) Trade, protession, or Nove particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ruadia	Contributory Ex. Chronic Garno - Eulinelic Secondary  (Duration) O yrs 6 mos 0 ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Track & Flanuery, M. D.  Muss 16, 191 & (Address) Mt Stoke Remas  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Ruskia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place Clot In the Doub Know of the death of the property of the property of the property of the property of the place of th
(Informant) Records of Mitstore  (Address) My Hore mid	Former or usual residence. Balturon  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  17, 191. 4
Filed ,191 D. Sueles , REGISTRAR  If more blanks are needed, address State Regist	rar, 6 E. Frankfin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Timor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For vio-

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BUREAU. V.S.

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PHYSICIANS should state of OCCUPATION is very

RECORD

County Baltinens

Village or City....

PLACE OF DEATH 5586

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	W:	rd)	
	L.,	W ?	tra)	

[If death occurred la a hospital or institution, give its NAME instead

FULL NAME Jesse Hiller	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Single, Willower OR Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day (Year)  17   HEREBY CERTIFY, That   attended deceased from
DATE OF BIRTH  (Month) (Day (Year)	that Vlast saw heir alive on Jame 18 , 1915
AGE    If LESS than   day, hrs.   OR min. ?	and that death occurred on the date stated above, at 3-30 arm The GAUSE OF DEATH* was as follows:  Arthrev-Lelensus
(a) Trade, profession, or Retire of particular kind of work  (b) General nature of industry.	
business, or establishment in Retires which employed (or employer)  BIRTHPLACE (State or country)	Contributory Crehal Herry Secondary
10 NAME OF Januar Hilles	(Signed) Pose Constitution, M. I
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accident
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS) At place in the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Julie Willes Precurvey	of death
(Alfress) Courtne Mf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  SAR ENTROPHIST BREE JUNEAU, 1914

If more blanks are needed, address State Registrar, 6 E Franchin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as affection need not be stated unless important. ture of the American Medical Association. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of

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DUREAU, V.S.

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WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

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DEATH in plain terms, See instructions on back

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CAUSE OF Important, S

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	1 PLACE OF DEATH 5587  Sounty Balta.  Salta.  Salta.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male While MARRIED, Married OBSINGED (Write the word)	16 DATE OF DEATH  (Morth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D.	ATE OF BIRTH	march 11, 1914, to may 16, 1914
-	(Month) (Day (Year)	that I last saw h. Man. alive on 4 1914
7 A	if LESS than t day,hrs. ORmin, ?	and that death occurred on the date stated above, at
(a) pa (b) bus	CCUPATION  1) Trade, profession, or Cugenium  Inticular kind of work  Ceneral nature of industry,  siness, or establishment in  iich employed (or employer)	Chronic Interstition yes mos de
9 BI	(State or country) & Callo	Gentributory
S	10 NAME OF FATHER HIMLES  11 BIRTHPLACE	(Signed) Henry J Gollenburg, M. D.
ARENTS	(State or country) Sontains	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CALLES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	12 MAIDEN NAME SONT KNOW	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds

(Address).....

REGISTRAR

BURIAL OR REMOVAL

20 UNDERTAKER

Where was disease contracted. if not at place of death?

usual residence

DATE OF BURIAL mers ADDRESS

If more blanks are needed, address State Registar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But iu many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupaes, especially in industrial employments, it is uecature of the business or industry, and therefore an y to know (a) the kind of work and also (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin

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V. S. No. 1.

N. B.-

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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County Baltumon 5588	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32
VIIIage of City The Mencat (Now Type Joseph Holz	Balts Co Must.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race Solvete, Widown or windowed, or Divide (Write the word)	16 DATE OF DEATH June 13 , 191 4 (Month) (Day (Year)
6 DATE OF BIRTH	21 -11- 10 13
(Month) (Day (Year)	that I last saw h. Luc. alive on June 13 , 1914
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 2.15 Pm,
alst 6/ yrs 0 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	
business, or establishment in Figure (a)	abt (Duration) 10 yrs 0 mos 0 ds.
which employed (or employer)  BIRTHPLACE (State or country)  Germann	Contributory Efetheleone of longue - Secondary
10 NAME OF FIXE Grick Holgans	(Signed) Frank J. F. Carmery, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER OF MOTHER	*State the Disac Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Elizabeth asklaining	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Germany	At place of death LQ yrs. O mos. O ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Va
(Informant) Records of Mt & Logar	Former or usual residence. Va -
(Address). Motoru Resonas	19 PLACE OF BURIAL OR REMOVAL  OF BURIAL  OF BURIAL  191
Filed 191 WW S. Julen - REGISTRAR	20 UNDERTAKER ADDRESS Fiching. Bellinore
negiotaan	- Munor

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulests of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; oma, Sarcoma, ctc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic is less defluite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

THIS

UNFADING

properly pe may 20 jo back terms, plain instructions EATH

RECORD

1 PLACE OF DEATH Balto of OCCUPATION is County. -Ward) Horrar MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) ORDIVORCED 3 (Month) (Dav (Year) TAGE If LESS than 1 day .....hrs. The CAUSE OF OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary Balto 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE ., 191 .4. (Address) OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?.. OG Former or OF Every item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	37
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Ilf death occurred in a hospital or institution, give its NAME instead of street and nomber.]

(Year) (Day I HEREBY CERTIFY. That I attended deceased from and that desth occurred on the date stated above, at

(Doration)

\*State the DISEASE CAUSING DEATH, or, in ceaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State \_\_\_\_\_ yrs. \_\_\_ mos.

DATE OF BURIAL

DDRESS

.. 191 / 2

02

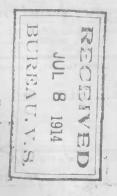


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"



		should state
	RECORD	PHYSICIANS of OCCUPATI
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAUS Impor

N. B.

Village or City Baldwin (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40  St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Eliza Isennoe	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, Married Widowed, Married OR ON ON ON ORDER (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
Maguel 15, 1846 (Month) (Day) (Year)	fan 1, 1914, to line 29, 1914, that I last saw hen allve on line 29, 1914
TAGE  If LESS than 1 day,hrs. ORmin.?  BOCCUPATION (a) Trade, protession, or particular kind of work	and that death occurred on the date stated above, at 6 15 Pmm, The CAUSE OF DEATH* was as follows:  Cleaning Peritonitis
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Sugland	Contributory Operation for Fall Plines (Secondary)  Seneral Jeans aga (Duration) A yrs. mos. ds.
10 NAME OF FATHER Walton  11 BIRTHPLACE OF FATHER (State or country) Jugland  2 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) England  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Amy Dumoch	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Palelwin OO, Obde 15 Filed Sirly / 1914 A T Hygrsuch BEGISTRAR	19 place of Burial on Removal Date of Burial Wilson's M. E. Come not July 12., 1914 20 UNDERTAKER  Aluele Brown Aren Men. Mark

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purremeal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the sucb, if impossible to determine definitely. which surgical operation was undertaken. For vioample: Measles (disease causing death), 29 ds .: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Kart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:



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instructions

5591 STATE OF MARYLAND 1 PLACE OF DEATH Baltinne fit death occurred le a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED, Single 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 23 (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION della (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) .... yrs. 3 which employed (or employer) .... Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 1914 (Address) JullVachungter 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death ...... yrs. ..... mos. .... ds. State vrs. mos. Where was disease contracted. if not at place of death? ... usual residence DATE OF BURIAL PLACE OF BURIAL 15 ADDRESS REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U.S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For person CAUSING DEATH, state occupation at beginning of ill been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many who receive a definite salary), may be entered as statement Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death frame, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Evidenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Tuenpenal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness." ture of the American Medical Association. cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "Purpread scotichaccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ample: Weastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin: "Candeath), 29 "Exhaustion, Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Mo Normans (No. Halles	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Land for	Consideration of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Policed Single Marie Manuel  Male Policed (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	May 15 1914 to James 24 1914
(Month) (Day (Year)	that last saw h and ally on I we 2 1, 191 4
(Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs. orhrs. orhrs. orhrs. orhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Morie Steelted
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Least Assesse
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary (Duration) yrs mos ds.
FATHER July Johnson.	(Signed) Mughamado Aflama, M. D.
11 BIRTHPLACE OF PATMER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER LUMINOUN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPERS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
(Interment) (Interment) (Interment)	If not at place of death?
(Address) A Clossiaus	Mt. auburn Cernelly June 27, 1914
Filed 1914 1914 PEGISTRAR	Felix B. Pye De Mulberry St
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been ehanged or given up ou account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Taborculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease eausing oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for Never report For vio-



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

County Ballismore	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 35
Village or Gity Roslyn (No	St; Ward)  [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Cloud Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  4 , 19/2  (Month) (Day) (Year)	that I last saw h malive on from 6 191 4
7 AGE   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  1	(Duration) yrs. mos. s.  Contributory Muss Pure Cough (Secondary) yrs. mos. ds.
11 BIRTHPLACE OFFATHER (State or country) Bolto. Co.  12 MAIDEN NAME OF MOTHER MAN & Parish	(Signed) (Address) (Address) (Address) (State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) B Slo. Co  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) B. Solomor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or for the place of death?
Filed Cause 7, 181 4 Case to United State Registran	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  Cl. Othersolle  10 C. Franklin St., Ballo, Requesting V. S. No. 1.
	7. D. 170, 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the dibrable causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cereirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fenemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinological of the primary of lungs, meninges, peritonacum, etc.. Carcinological control of the primary of lungs, meninges, peritonacum, etc.. Carcinological control of the primary affection with respect to the death of the primary affection with respect to the same accepted term for the same accepted to the same accepted term for the same accepted to the same accepted term for the same disease.

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for mails dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 3 1914
BURBEART, V.S.

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state	Very	
m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	1
EXACTLY.	ct statement	į
s stated	d. Exa	
hould be	Classifie	•
AGE S	properly	
supplied.	may bc	9
carefully	that it	certifical
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5594

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

VIIIage or Gity Roland Park (No. 220, Ridgewood Rol

1 PLACE OF DEATH

county Baltimore

.Ward)

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME Chais Tofke	er Vokuston mo al street and outmoor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINCET; MARRIED, WINDOWSO, ORDINARCE (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
CMonth) (Day) (Vear)  AGE   If LESS than	that I last saw h. alive on June 25, 1914, and that death occurred on the date stated above, at $\frac{2^{15}}{3^{15}}$
Tyrs. 6 mos. 18 ds. ormin.?  B OCCUPATION  (a) Trade, profession, or particular kind of work.  Physician	The CAUSE OF DEATH* was as follows:  8 9 and che art desired  Dil atalia of arta
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Gallinory	Contributory D 2 Tray (Secondary)  (Doration) Tyrs mos. cs.
10 NAME OF FATHER OF LIVES TO CHESTON TO CONTROL OF FATHER (State or country)  12 Maiden NAME OF FATHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT	(Signed) Land Breede M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Quencan Bedg.	Loudon and bate of Burial 6-28, 1914

If more blanks/are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iii-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dincumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ampic: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



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PERMANENT H INK Very

#### CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... If death occurred in (ke'sW. a hospital or institution. RECORD give Its NAME Instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than D cia 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry. business, or establishment in may which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory certifica Secondary 10 NAME OF FATHER (Signed) 80 0 back terms, ARENTS 11 BIRTHPLACE ruleers OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. KNOWLEDGE DE! If not af place of death? Former or Every item CAUSE OF Important. S usual residence vullar DATE OF BURIAL (Address) 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

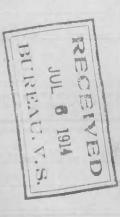


[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Cougenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. childbirth or miscarriage as "Iverperal septichaeetc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease eansing death), 29 ds.; (Recommendations on statement of Never report For vio-Ex-



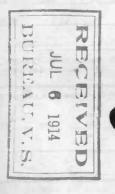
1	PLACE OF DEATH 5596	STATE OF MARYLAND
/c.	ounty Balanire	CERTIFICATE OF DEATH
/	1	Registered No. 50
٧	"Illage or City Roland Can (No. 9)	Twerfiel Red St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	rale 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Widowed, Morried Ordiverses (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  ALL. 26, 1852 (Month) (Day) (Year)	that I last saw h man alive on found 16 1914
7 A	62 yrs. 3 mos. 20 ds. OR min.?	and that death occurred on the date stated above, at 6.36 Pm.  The CAUSE OF DEATH* was as follows:
(a	OCCUPATION ) Trade, profession, or Builder & Contractor riscular kind of work.	Cerebral apoplescy
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. 3 ds.
	Baltimore Coly	(Secondary)  (Deration)  (Deration)  (Deration)  (Deration)
	10 NAME OF The Long Jones	(Signed) Aampson Jonin , M. D.
ENTS	19 BIRTHPLACE (State or country) Ballimore ma	*State the Disease Causing Death, or, in deaths from Violent
PARENT	12 MAIDEN NAME margaretta Richstine	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country) Ballinum mor	At place of death yrs mos ds. State yrs mos ds.
147	Informant) Educated To the Best of My KNOWLEDGE  (Informant) Educated Torres	Where was disease contracted, If not at place of death?  Former or usual residence
15	Address) 2313 W North un	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fil	ed Whe 18 1914 M. J. J. Ville REGISTRAR	20 UNDERTAKER ADDRESS
		r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vromia," "Tuerperal peritonitis," etc. State cause for childbirth or unlscarriage, as "Purrerral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanttlon," "Maras thenla." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Heastes; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maily ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds .: oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Miways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report Examples:



RECORD

PERMANENT

IS

WRITE PLAINLY, WITH UNFADING INK-THIS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

PLACE OF DEATH 5597  County Baltimone  Village or City Arlugton (No. 2 FULL NAME Mary Kathu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Florale White Single, widows  A Date of Birth  A COLOR OR RACE  5 SINGLE, MARRIEO, Widowso, OR ONVORCEO (Write the word)  1884	16 DATE OF DEATH  Month)  Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191  to  191  101  101  101  101  101  101  10
(Month) (Day (Year)  7 AGE   If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 12 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (8) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Serile Jementia (Duration) 3 yrs mos ds. Contributory Land State Canalation
9 BIRTHPLACE (State or country)	Secondary (Duration) Tyrs 3 helps its
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State of country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place of death yrs.
(Interment) A. Secretary (Address) Records  15 Filed ,191 Wuy S. Juleus	19 place of Burial or REMOVAL  20 UNDERTAKER  ADDRESS

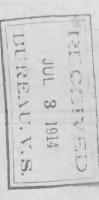
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberenlesse of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, ctc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronehopucumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion,"



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Balt was	CERTIFICATE OF DEATH
County Carlotta County	Parintentian Diet No. 38
Euglowood Langtorium (16	Registration Dist. No
Secret of the secret of	Ward) [If death occurred in
Village or City(No,	a hospital or Institution,
No of A	of street and number.]
FULL NAME Courses	eaug
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH GENERAL 23 1914
male Ahite (whower of manuel	(Month) (Day (Year)
	I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	may 19, 1914, to June 23, 1914,
(Month) (Day (Year)	that I last saw have allve on Aune 23,1914
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 2. 50 p.m.
39 // 93 t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos a ds. OR min.?	P. Daniel T. land One
BOCCUPATION /	MANAMA RAY MARINGA STORES
(a) Trade, profession, or Souductor particular kind of work	
(b) General nature of Industry.	/ ?
business, or establishment in which employed (or employer)	(Duration) / yrs. O mos. ds.
9 BIRTHPLACE (State or country)	Contributory Old
(State or country)	(Auration) yrs mos ds.
10 NAME OF OM	(Rome Cha Dans St
FATHER Jun Mealing	(Signed) Lemann M (1) Language M. D.
11 BIRTHPLACE OF FATHER	Jul 23, 191 4 (Address) Southern mod
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place / 4 In the 39 1/29 3
(State or country)	ot death yrs. ds. State yrs. mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) Saulut on admission	Former or usual residence 2522 Hood brooks Clark
(Address)	19 LAGE OF BURIAL OR REMOVAL DATE OF BURIAL
16 (AUUTESS)	Nockstall. Med June 25,191. 4
Filed 6/23 191 1. Can Survey	20 UNDERTAKER ADDRESS
REGISTRAR	walcoop 60x6 Hait

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits cau be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite syuonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: cause. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) ".Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or mlscarrlage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need uot be stated unless important. valvular heart discase; Chronic interstitial nephritis, by earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (seeondary or intercurrent) State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAE, V.S.

W. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 5599	STATE OF MARYLAND
Ballino 4	CERTIFICATE OF DEATH
County	Registered No.
Village or City Hey blandlin (No. 205)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME mme	Clefull of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH (Month) (Day) (Year)
ORDIVERCED (Write the word)	1 HEREBY CERTIFY, That I attended deceased from  1914 to Stute 19 1914
July 19, 1904	that I last saw hunalive on June 19, 191
(Month) (Day) (Year)	and that death occurred on the date stated above, stm,
tule / Odu ds. 1 day,hrs. orhrs. or?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or	Than Malin
particular kind of work  (b) General nature of industry, business, or establishment to which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Pallung	Gontributory Mal Postellin (Secondary)  (Difation)yrs
10 NAME OF Y Kenry Kinfron	(Stined) M. D. Seneral M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother on mules	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Dathum	At place in the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or
(Interment) 206 St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 un P mol de 1	Mr Caruel Jane 20, 1914  20 UNDERTAKER  DI HERWICK DO 2008 Gloaus
-/-/	r, C.E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulmine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUITDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purrental septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 do.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon," etc. State cause for (name origin; "Can-Examples: For vio-

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RECEIVED
JUL 7 1914
BUREAU, V.S.

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT supplied, UNFADING = DEATH 0 Every

certificate. 0 instructions mportant.

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STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED, . (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country yrs./ Where was disease contracted It not at place of death? Former or osual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

DATE OF BURIAL

[Approved by U. S. Consus and American Public Health Association.]

ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (n) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Parmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauitlou," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Con ture of the American Medical Association.) "Contributory." The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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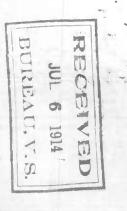
PLACE OF DEATH 5601	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Hall 1	Registered No.
	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
BDATE OF BIRTH Jarry 11 1830	that last saw her ally on the Hereby CERTIFY, That I attended deceased from the Last saw her ally on the Hereby CERTIFY, That I attended deceased from the Last saw here ally on the Hereby CERTIFY, That I attended deceased from the Last saw here ally on the Last saw here all the Last saw here
7 AGE (Month) (Day) (Year)  1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Dronche greamonia
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 2 Weens
9 BIRTHPLACE (State or country)	Gontributory (Secondary)  (Secondary)  (Ouration) yrs mos ds.
on 11 BIRTHPLACE	(Signad) M. D. Markin Jarrace
C OF FATHER (State or country)  12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from Violent DAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER WWY 6 Trand  13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs
(Informant)	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) 531 M Delium 87	PHACE OF BURIAL OB REMOVAL PATE OF BURIAL OCULARY MAN 1914
Filed 6/27, 191 Claus January	39 UNDERTAKER ADDRESS ADDRESS WITHAM
If more blanks are needed, address State Registra	r, 6 H. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should be DEATH in pilon terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.		sho
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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.	RE	PHO
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE Every Item of information should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states important. See instructions on back of certificate.	Z	LY. men
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMI Every item of information should be carefully supplied. ACE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly classified. Exact important. See instructions on back of certificate.	NA	ACT
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PEEvery Item of information should be carefully supplied. ACE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Eximportant. See instructions on back of certificate.	RM/	E EX
WRITE PLAINLY, WITH UNFADING INK—THIS IS A Every item of information should be carefully supplied. AGE should be second to the part of	PE	Exi
WRITE PLAINLY, WITH UNFADING INK—THIS IS Every item of information should be carefully supplied. AGE should CAUSE OF DEATH In plain terms, so that it may be properly classifinater. See instructions on back of certificate.	4	fled.
WRITE PLAINLY, WITH UNFADING INK—THIS Every Item of information should be carefully supplied. AGE she CAUSE OF DEATH in piain terms, so that it may be properly elimportant. See instructions on back of certificate.	SI IS	lassi
WRITE PLAINLY, WITH UNFADING INK—T Every item of information should be carefully supplied. ACE CAUSE OF DEATH in may be proper important. See instructions on back of certificate.	SIH.	sho rly o
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WRITE PLAINLY, WITH UNFADING Every Item of information should be carefully supplicAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.	Z	ed.
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WRITE PLAINLY, WITH LEvery item of information should be caged to be a can be cannot b	INF	reful that ertifi
WRITE PLAINLY, WIT Every Item of information should b CAUSE OF DEATH in plain terms, important. See instructions on back	H	so to
WRITE PLAINLY, I Every Item of Information shoundance OF DEATH in plain ter important. See instructions on	WIT	id b
WRITE PLAINL Every item of information CAUSE OF DEATH in pialimportant. See instructions	.Y.	shound ter
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Gounty. Registration Dist. No.. If death occurred in ....Ward) a hospital or institution, give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR BACE MARRIED. WIDOWED, (Month) (Year) ORDIVORCED (Write the word) OF BIRTH (Month) (Day (Year) 7 AGE if LESS than 1 day hrs. -min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHP (AC Z OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) AREI 12 MAIDEN NAME OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_ \_ ds. Where was disease contracted. 14 THE ABOVE IS if not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

eause of death approved by Committee on Nomencia-"Contributory." ture of the American Medical Association.) scpsis, tclunus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and, qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or misearriage, as "Puerpenal septicharetc., when a definite disease can be accertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: valvular heart disease; Ohronic interstitial nephritis. nant neoplasms) : Measles; Whooping cough: Chronic eer" is less definite; avoid use of "Tumor" for mails Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of . The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



SICIANS should OCCUPATION IS PHYSICIANS Exact statement PERMANENT EXACTLY. BINDING C ۵ UNFADING ARGIN plal DEAT ō OF Ш Every

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or Institution. give its NAME instead of Street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than that death occurred on the date stated above, at 1 day, hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the ot death ..... yrs. .... mos. .... ds. State ...... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. If not at place of death? usual residence. 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion,"



V. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied.

N. B.

AGE should be stated EXACTLY.

PHYSICIANS should state

RECORD

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/iliage or City.	110104	C
²FUL	L NAME	
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DATE OF BIRTH	rept	7
AGE	`	
. 6	5 yrs	6
(a) Trade, protession,	,	

5	6	0	õ	



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ope Remano Mr Hope Wed St Mary Mc Eldon .....St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead ot street and number.]

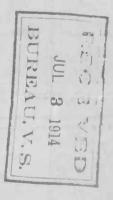
-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 male While Single, Married orbivorces orbivorces (Write the word)	16 DATE OF DEATH JULY 12/16, 1914 (Month) (Day (Year)
S DATE OF BIRTH /	Lest 26 1900 to Muy 1211 1914
Month) (Day (Year)	that I last saw h &\ allve on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 6 P. m.
65 yrs 9 mos ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Mslaudwla-
(b) General nature of industry, business, or establishment in which employed (or employer)	abt (Ouration) 4 yrs o mos ods.
9 BIRTHPLACE (State or country) Inland	Secondary Nuddends From Secondary Nearth is Welvelagoration Vision - Mulral -
10 NAME OF Mullian Melea.	(Signed) Frank Flanny, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
a Mary Jurkus	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	of death 4 yrs. 6 mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, /b allicuore
(Informant) Records of Wt Hope	Former or usual residence Baltimon had
(Address) MFJY5he MA-	Cathedral Com sure 15, 1914
Filed , 191 WW 3. QUELY 1 REGISTRAR	20 UNDERTAKED LOUIS & SOM LE WINDOWAL
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health ... Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers milic, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrrant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid penmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., thenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always all diseases resulting from (Recommendations on statement of death), 29 ds.; State canse for Never report For vio-



V. S. No. 1.

state

PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)  5 DATE OF BIRTH  4 COLOR OR RACE MARRIED, WINDOWED, ORDIVORCED (Write the word)  7 AGE (Month) (Day  7 AGE 5 SINGLE, MARRIED, WINDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  AUG 7 AGE 5 SOCCUPATION (a) Trade, protession, or Boiler Maker particular kind of work (b) General nature of industry, business, or establishment in Which employed (or employer)  8 BIRTHPLACE	PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)  3 DATE OF BIRTH  4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)  4 Month (Day)  7 AGE 5 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in Which employed (or employer)  9 BIRTHPLACE (State or country)  9 BIRTHPLACE (State or country)	PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  MARRIED, WIDDWED, ORDIVORCED (Write the word)  DATE OF BIRTH  Aug  (Month)  (Day  (Month)  (Day  TAGE  SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ballum or a Cily		FULL NAME William
Marke William Marker Conditions of the words	Married, Will Windwed, Windwed, Ord Divorced (Write the word)  3 DATE OF BIRTH  Aug Z  (Month) (Day)  7 AGE  5 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in Which employed (or employer)  9 BIRTHPLACE (State or country) Ballum or a City	Mark windowed, or divorced (Write the word)  Date of Birth Aug 2  (Month) (Day  Tage 5)  Soccupation (a) Trade, protession, or particular kind of work Boiler Maker  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Baltur or 2 City  10 NAME OF FATHER Jan Mc Library  11 DIRTHPLACE		
(Month) (Day  7 AGE  5 yrs mos ds. o  8 OCCUPATION (a) Trade, protession, or Boiler Maker particular kind of work Boiler Waker (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE	(Month) (Day  7 AGE  5 yrs mos ds of soccupation (a) Trade, profession, or Boiler Maker particular kind of work Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer) Boiler Shops  9 BIRTHPLACE (State or country) Ballum or City	(Month) (Day  7 AGE  5 yrs. mos. ds. 2  8 OCCUPATION (a) Trade, profession, or Boiler Maker particular kind of work. Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer).  9 BIRTHPLACE (State or country) Gallun or City  10 NAME OF FATHER Jun Mc Librury  11 BIRTHPLACE  (STATE OF COUNTRY)  11 BIRTHPLACE (STATE OF COUNTRY)		WINDWED.
OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in Boiler Shops  BIRTHPLACE	SOCCUPATION (a) Trade, protession, or Boiler Maker particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ballum or a Cily	Soccupation (a) Trade, profession, or Boiler Maker  (b) General nature of industry, business, or establishment in which employed (or employer)  BITHPLACE (State or country)  ONAME OF FATHER  June Mc Library  10 NAME OF FATHER  June Mc Library  11 DIRTHPLACE  (State OF COUNTRY)	D	***************************************
(a) Trade, protession, or Boiler Maker particular kind of work Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer)  Boiler Shops  BIRTHPLACE	(a) Trade, profession, or Boiler Maker particular kind of work Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ballum or Cily	(a) Trade, protession, or Boiler Maker particular kind of work Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer) Boiler Shops  BIRTHPLACE (State or country) Baltum or Cily  10 NAME OF FATHER Janu Mc Librury  11 DIRTHPLACE	7 A C	GE /
	Ballumora City	10 NAME OF FATHER John Mc Library	(a) pai (b) bus whi	Trade, protession, or Boiler Maker ricular kind of work Boiler Maker General nature of industry, iness, or establishment in ch employed (or employer)  BTHPLACE

1 PLACE OF DEATH

5606

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. 32
St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]

" winey		********
MEDICAL	- CERTIFICATE	OF DEATH
16 DATE OF DEATH	Jane (Month)	7 /h , 1915
2 -	Y CERTIFY, Tha	t I attended deceased fro
May 25	00	7 th
that I last saw hum. a		
and that death occurred The CAUSE OF DEATH		ed above, at 10.18 P.
Annama	= towar &	meurism-
of Subela	vive or	lery & aosta
o cols	(Duration)	2 yrs. 0 mos 0
Secondary Hess		***************************************
(Signed) Frank		JIS
0 1- //		tope air-Bulscon
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, ANS OF INJURY; ICIDAL.	or, in deaths from Viole and (2) whether Accide
18 LENGTH OF RESIDENTS	CE FOR HOSPITA	LS, INSTITUTIONS, TRANSIEN
At place of death yrs mos Where was disease contracted, it not at place of death?		yrs mos
Former or usual residence	*** #8000 001 000 hgmmm000 1000 1000 1	000
It . Vurenti	~	Sauce 10th , 1915
20 UNDERTAKER H.C. VEIdet	61 9	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctess of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Senile," etc.), valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, ctc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" (Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrome Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

S. No. 1.

N. 8.

STATE OF MARYLAND 1 PLACE OF DEATH

Car	inty Buls	CERTIFICATE OF DEATH
	age or City And Must (Not #34,	St.: Ward)  St.: Ward a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Mal 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED. (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DA	June 2 1915 (Month) (Day Year)	that I last saw h alive on
7 AC	, , , , , ,	and that death occurred on the date stated above, at
(a) par (b) busi	CCUPATION Trade, profession, or flicular kind of work.  General nature of industry, ness, or establishment in the employed (or employer)	Still born  (Buration) yrs. mos. ds.
	RTHPLACE (State or country) Md	Secondary  (Ouration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) , N. D.  *Stare the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
	Interment) Mary McHone (Address) 434 126 St	If not at place of death?  Former or usual rosidence
15 File	REGISTRAR	D'UNDERTAKER Que Jule, 403 & Mod
	If more blanks are needed, address State Regist	trar, 6 E. Frandlin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman. (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing dearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichac-Never report



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PERMANENT EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very Baltimor (No. 627, S. Fourth PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, WIDOWED, Write the word) DATE OF BIRTH (Month) (Day 7 AGE If LESS than 1 day hrs. 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 terms, on back 11 BIRTHPLACE OF FATHER (State or country) PARENTS 12 MAIDEN NAME DEATH in plain See Instructions 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS CAUSE OF Important. S 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 41

Ward)

[If death occurred in

a hospital or institution.

· V ry	of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH June 2	6 th , 1914
(Month)  1 HEREBY CERTIFY, That I	(Day (Year)
(1	
that Plast saw have alive on	26,1914,
and that death occurred on the date stated a	bove, at 4.50 Am,
The CAUSE OF DEATH* was as follows:	
Secondary	· · · · · · · · · · · · · · · · · · ·
(Duration)	yrsds.
(Signed) 3 . C. mant	, M. D.
27 ,191 4 (Address) 3 2 4 4	Eu a
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	in deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, it not at piece of death?  Former or usual residence.	NSTITUTIONS, TRANSIENTS, ds ds
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. who have no ocenpation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many ocenpations a single word or term on the Statement of occupation-Treeise statement of occupa-Spinner; (b) Cotton 'mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meninges, Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritondeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as injury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisneh, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State canse for childbirth or misearriage as "Puenperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) ibutory." (Recommendations on statement of Always qualify all diseases resulting from "Senile," etc.), Measles (disease eausing death), 29 ds.; "Dropsy," "Exhanstion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUL 7 1914
BURPAU.V.S.

W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Sulf Co 5609	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Catousville (No. ,	Othern Ourst: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,  MARRIED,  MIDDINEO,  ORDINATED (Write the word)	16 DATE OF DEATH COMMON (Month) (Day) (Year)  17 LHEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day)  (Year)	that I last saw her alive on June 6, 191 4
7 AGE    if LESS than   1 day,	and that death occurred on the date stated above, at 230/m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, protession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration)  yrs. mos. ds.
10 NAME OF FATHER Cerchis & Macker  11 BIRTHPLACE	(Signed) Modulan Thomas, M. D., 191 (Address) 633 Carrolling are
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Howicidal.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds. State yrs, mos ds.
(Informant) Dhows	Where was disease contracted, It not at piace of death?  Former or usual residence
(Address) 6 33, Carrollman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied June 17, 1914 Moustall B, Wist REGISTRAR	20 UNDERTAKER BOOK 1008W Bally
If more blanks are needed, address State Registra	r, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative meanthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for chiidbirth or miscarriage, as "Purpreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Examples:



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#### PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

PHYSICIANS should state of OCGUPATION is very stated EXACTLY. properly classified. AGE carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. m ż

1	PLACE OF DEATH	561
·	Baltimore	



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Rufayer War

Co	unty / Dummy	Podlotrotic Di	1/2
Vil	lage or City St. Agues Of Nopital	Registration Dis	[If death occurred in hospifal or institution, give its NAME instead
	FULL NAME Brother Damel	Mahoney	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Sungle	16 DATE OF DEATH (Month)	(Day (Year)
VV.		17 I HEREBY CERTIFY, That	l attended deceased from
, D	ATE OF BIRTH 1852	-	ne 7, 191 4.
7 A	(Month) (Day (Year)	that I last saw hamalive on	me 7 , 191 4
A	A January Committee of the Committee of	and that death occurred on the date stated	above, atm,
		The CAUSE OF DEATH* was as follows:	
	CCUPATION	D. J.	
	Trada, profeasion, or ficular kind of work	/ corrubsis of a	wr
(b)	General nature of Industry.	Murocard	to .
bus	iness, or establishment in ch employed (or employer)	(Durafion)	3 yrs 7 mos ds.
	RTHPLACE	Contributory acute de	litetine of
	(State or country)	Secondary	2
	10 NAME OF FATHER TO SAIL SAIL	(Signed) Welltary Oaks	welver M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	June 7, 191 F (Address) Star	mes Hoxelo
PARE	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OR CAUSES, state (1) MEANS OF INJURY; INTERCOLOGICAL, OR HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) Af place	
4 -		of death yrs mos ds. State Where was disease confracted.	yrs, mos, ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	
	Informant) Daniel Mahorely	Former or usual residence. Sermantonic	- (Pa
	(Address) It Vincents, Serpinary	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Sumpleon	& German town Pa	Jun 9 , 191 4
FII	Im 8 1914 Growshings	20 UNDERTAKER	ADDRESS

1. Halug Sen If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)



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PLACE OF DEAT STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Tif death occurred in Ward) a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATHA 3 SEX 6 SINGLE, 4 COLOR OR RACE MARRIED, Man WIDOWED, ORDIVORCED (Write the word) (Month) 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day,....hrs. OR ..... 7 Johan Theun or a BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER as Evans Manly (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs.\_\_\_\_ Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, & E. Fanklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, "Stationary fireman, etc. But in many who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indiement of occupationine will be sufficient, e. g., Farmer or Planter, to each and every person, irrespective of age. very important, so that the relative healthfulvarious pursuits can be known. The question Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

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PHYSICIANS should state Exact statement of OCCUPATION is very -Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be Important. See instructions on back of certificate. 1 PLACE OF DEATH

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#### STATE OF MARYLAND

County Bulture 109	CERTIFICATE OF DEATH
Journal of the second of the s	Registration Dist. No.
Village or City A. Heleux (No, 2000) 2FULL NAME Listic D. 9000	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Mule Single, Married, Pringle Widowed, Ordivorced (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HERESY CERTIFY, I hat I attended deceased from
DATE OF BIRTH	1 to be a second
Minch 26 1914 (Month) (Day (Year)	that I last saw h 220 allye on 200 1914
(Month) (Day (Year)  AGE   If LESS than	7 KD
t day,hrs, OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work	Ilio Civilitis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 10 ds.
9 BIRTHPLACE (State or country) N. Helieu Bulto Cen	Contributory Ty Muselina 4 Becondary  Commodutio (Duration) yrs mos 2 ds.
on 11 BIRTHPLACE	(Signed) Amush be Ellegall , N. g.
Partition Name of Mother  1 Birthplace of Father (State or country)  2 Maiden Name of Mother  OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Inglumb	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) HAMMY Murchant.	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) St. Allena	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Filed Stul D. 194 W. M. Callallan REGISTRAR M.	200NDERTAKER JADDRESS 2008 Coleans

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a dcfinite salary), may be entered as dutics of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 7 1914
BURBAU, V.S.

	state
	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty Ballimore of QU	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No39
Village or City Monklow (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  ,  (Month)  (Day)  (Year)	May dett, 1914, to June 4th, 1914, that I last saw him alive on 11 14, 1914
7 AGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 10.45 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Colerron Clerron (Duration) 12 yrs. mos ds.
9 BIRTHPLACE (State or country) Washindon &. C.	(Secondary) (Suration) yrs. mos. 3 ds.
10 NAME OF FATHER Francis Markoc  11 BIRTHPLACE (State or country) Kashington & C  12 Maiden NAME Many Market	(Signed) (Address) (Addres
13 BIRTHPLACE OF MOTHER (State or country) Manuland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) John S Markue	Where was disease contracted, If not at place of death? Former or usual residence
Address) Montalus of M. E.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Manys em June 1914  20 UNDERTAKER  ADDRESS
Filed	Henry M. Linking McGulleh st.
If more blanks are needed, address State Registrar, 6 E	Franklin SC Balto., Requesting V. S. No. 1. Balto Mrrd

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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5614 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la .....Ward) a hospital or Institution, give Its NAME Instead of street and number. ] hain Torlace Mor tin PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, Ionth) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1873 (Month) (Day (Year) TAGE If LESS than 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR. ---min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishmenf in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory\_ Secondary (Duration) \_\_\_\_\_\_yrs. 10 NAME OF FATHER 11 BIRTHPLACE Coche . 191...4 (Address). ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place to the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_ \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO TH If not at place of death? Former or usual residence LACE OF BURIAL OR REMOVAL us as DATE OF BURIAL (Address) .... 15 Beus out

> Slepu ty REGISTAAR If more blanks are needed, address State Registrar, 6 E. Franklin t., Balto., Regiesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DESTRUCTIONS OF STREET

PHYSICIANS should state of OCCUPATION IS RECORD statement PERMANENT stated EXACTLY. Exact 4 classified. IS pinous THIS properly AGE INK carefully supplied. so that it may be UNFADING WITH of information should be DEATH in plain terms, WRITE

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See Instructions on back

CAUSE OF Important.

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	ounty Batturn (No.	STATE OF MARYLAND CERTIFICATE OF DEAT Registration Dist. No
	FULL NAME AUTOM MA	MEDICAL GERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
3 s	Lale Write Single, Married Wisower, Orbiverce (Orbiverce)	16 DATE OF DEATH . (Month) (Day)  17 I HEREBY CERTIFY, That I attended de
8 p	ATE OF BIRTH	THEREDI GERTII I, mat l'attended de
8 o (a pa (b) bus	(Month) (Day) (Year)	that I last saw h alive on and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: He ye and the date stated above, at The CAUSE OF DEATH* was as follows: He ye are the date of
	IRTHPLACE tate or country) Mary Land	Gentributory July Mulium (Secondary) (Secondary) (Ouration) yrs
PARENTS	11 BIRTHPLACE (State or country) Maryland  12 MAIDEN NAME OF MOTHER  (State or country) Waryland  13 BIRTHPLACE OF MOTHER  (State or country) Waryland	(Signed) (Si
147	THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,

Former or

ADDRESS

PATE OF BURIAL

in deaths from VIOLENT (2) whether Acciden-INSTITUTIONS, TRANSIENTS

DEATH

(Day) attended deceased from

[If death occurred In a hospital or Institution, give its NAME Instead

of street and number. ]

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," \_ (name origin; "Can-"Exhaustion," Examples: For vio-



PERMANENT

STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should Registration Dist. No St.:...Ward) a hospital or institution. give ifs NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Marre WIDOWED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS fhan 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of Industry, business, or establishment which employed (or employer) certificate. Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the of death ...... yrs. ..... mos. ..... ds. State ..... vrs.... Where was disease contracted. If not at place of death? Former or 10 mportant. CAUSE DATE OF BURIAL (Address) ... 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred is

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfuluess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canmia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



BINDING

FOR

RESERVED

Co	ounty saltemore	Registered No. 30
Vi		St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 3 SE 6 D	E einet F	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from March 17, 1914, to rune 20th, 1914, that I last saw hex alive on fune 18th, 1914
7 AC	#E #7 yrs. 3 mos. 5 ds. or min.?	and that death occurred on the date stated above, at !! m, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	Trade, profession, or Housewife  General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE tate or country) Rockengham Co. Verginea  10 NAME OF FATHER Senett Morris  11 BIRTHPLACE OF FATHER (State or country) Verginia	(Duration)  (Duration)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAR	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  M. Aradag	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	ed June 12, 1914 Mouskell B Urst REGISTRAR  Of If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  Janel Mol June 26, 1914  20 UNDERTAKER  Cosling For When the Str., 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		/

5617

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:



certificate.

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PARENTS

15

FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(State or country) Baltimore

	¹ PL	ACE	OF	DEATH
Count	yB	alt	ime	ère

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

		•		
			9	1
Dagietarad	BI -	0.	7	on/A

Village or City Hill Top Park, Mono Washington St; Ward)  *FULL NAME Emma S. Mihm  [It death of a hospital or give its NAMI of street and its			
PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*sex Female	4 color or mace White	SSINGLE, MARRIED, WIDOWED, TO 1 ed (Write the word)	(Month) (Day) (Year)
DATE OF BIR		omber 13 , 1874 (Year)	that I last saw h & alive on May 24th 4
******	39 yrs. 8	mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, protessic particular kind of (b) General nature business, or estal which employed (or	on, or workHouse of Industry, bilshment in	Pwife	(Duration) 3 Tyrs. + mos. + cs.
9 BIRTHPLACE (State or count	502 04	ore Md	(Secondary)  (Daration)

Charles Edward Eccleston (Signed). \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENTS)	CE (FOR HOSPITALS, INSTIT	UTIONS, TRANSIENTS
At place	In the	
ot death yrs mos.	ds. State yrs	ds

Where was disease contracted, It not at place of death?.

osual residence.

19 PLACE OF BURIAL OR REMOVAL Druid Ridge Cemetery

20 UNDERTAKER Chas. E. Franck 802 Madison Ave.,

REGISTRAR

Ton Park Mt. Washingto

Md.

Margretta Grape

Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

William H. Mihm.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; tbe nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. - But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) If the occupation has "Foreman," (e)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

sucb, if impossible to determine definitely. childbirth or miscarriage, as "Purperral scptichaecause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vromia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless; important. nant neoplasms) ; Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for mallgby carbolic acid—probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. (Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

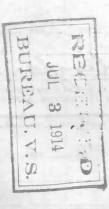
Village or City Orlington (No. 64	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32  [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
FULL NAME Charle	titles and onlines.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal. 4 COLOR OR RACE MARRIED, MARRIED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 July 1 HEREBY CERTIFY, That I attended deceased from  19 July 191 to July 1914
(Month) (Day) (Year)	that I last saw h marke on June 24, 1914
yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishmeet lowhich employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Mr Edgar Mills,  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place to the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, it not at place of death?
(Interment) Mrs Etzar Miller (Address) C4 Horsnee an.	Former or Usual residence
Filed January, 1914 #3m Co. Markov REGISTRAR  11 more blanks are needed, address State Registrar	Mendres Cemetry June 20 1814 20 UNDERTAKER PAUL Zaston 916 Veen An

[Approved by U. S. Census and American Public Health
Association.]

statement. Never return "Laborer," "Foreman, "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Groccry; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic perelizospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Tuerperal peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronio ccr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Ileart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Miways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD fem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state F OP DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very cant. See instructions on back of certificate.			very
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT (of Description should be carefully supplied. AGE should be stated EXACTLY. Of DEATH in plain terms, so that if may be properly classified. Exact statement int. See instructions on back of certificate.		RECORD	PHYSICIANS should s
40 10	MANGEL ACT DESCRIPTION OF THE PROPERTY OF THE	. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Item of Information should be carefully supplied. AGE should be stated EXACTLY. E OF DEATH in plain terms, so that it may be properly classified. Exact statement ant. See instructions on back of certificate.

N. B.-Every Rem CAUSE OF Important.

5619

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

34~

		Registration Dist. NoJ.
١	fillage or Gity (No,	St.; Ward) [It death occurred in a hospital or institution,
	FULL NAME Mary Eliz	abeth Miller, give its NAME instead of street and oumber.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	exale That (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 0	ATE OF BIRTH  Dec - 26 , 1861  (Month) (Day) (Year)	that I last saw have alive on June 3 1914
7 A	to de la constantina	and that death occurred on the date stated above, at
(a pa	CCUPATION ) Frade, protession, or ricular kind of work	(Duration) yrs mos ds.
9 B	IRTHPLACE tate or country) Maryland	Contributory (Secondary) (Duration) yrs mos ts.
TS	10 NAME OF FATHER Edw. C. Royslow	(Signed) Lagle , M. D. June 8 , 191/4, (Address) New Freedom 14
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country)  Maryland.	or Recent Residence (For Hospitals, Institutions, Transients, or Recent Residents)  At place In the ot death yrs, mos. ds.
14-	(Interment) Canalle Miller	Where was disease contracted, It oot at place of death? Former or usual residence
15	(Address) Freeland, Mde	mt Garuel Dustal Date of Burial  20 UNDERTAKER  ADDRESS
Fil	of June 9 , 191 4 J. S. Malin Degs Socil REGISTRAR &	Farteneley & Kouemakes Beetle, Tus
	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Statement of occupation-PrecIse statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." which surgical operation was undertaken. For victhenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; \_\_ (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### V. S. No. 1.

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STATE OF MARYLAND DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF WIJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAM OF MOTHE 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. .... ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. THE ABOVE IS

Where was disease contracted,
If not at place of death?

Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

date of Burial

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers statement. Never retnrn "Laborer," additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cau-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



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PHYSICIANS should of OCCUPATION IS Registration Dist. No. 4 Ilt death occurred lo St.: Ward) a hospital or Institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH classified. (Month) (Day) pe TAGE If LESS than and that death occurred on the date stated above, 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 properly AGE BOCCUPATION (a) Trade, protession, er particular kind of work. (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (Secondary) (State or country) oarefully that 10 NAME OF FATHER 80 to plain terms, r (Q. 1914. (Address) 11 BIRTHPLACE FNT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER ot death \_\_\_\_\_ yrs. .... mos. ... EATH (State or country State ..... Where was disease contracted. If not at place of death? 6 Former or OF usual residence mportant. Every Ite DATE OF BURIAL (Address). ADDRESS If more bisaks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinoscapica ("Examples of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent (name origin; "Can "Exhaustion," Never report Examples:



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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

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[If death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH			
***************************************	me	10	1914
	(Month	(Day)	(Year)
17 I HERE	BY CERTIFY TO	at I attended de	ceased from
July	1917	7	191
	Califo Co	som	,191
and that death occurre			m,
The CAUSE OF DEATH	H* was as follow.	s:	
Vet	THO	m	
		***************************************	••••••••
	***************************************	***************************************	
	(Duration)	yrs	mos ds.
(Secondary)	ill.	Bre	
	(Duration)	yrs	mosds.
(Signed)	moley	True	M. D.
Jny / 1912	(Address)	nesn	me
*State he DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HO	EANS OF INJURY;	or, in deaths fro and (2) whethe	m VIOLENT
,			
18 LENGTH OF RESIDE	ENCE (FOR HOSPITA	LLS. INSTITUTIONS,	TRANSIENTA,
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place	a) In th	e	
18 LENGTH OF RESIDENTS At place of death yrs m	in th nos ds. Sta		
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place	a) nos ds. Sta ed,	e	
At place of death yrs	a) nos ds. Sta ed,	e	
At place of death	nos ds. Sta	e yrs,	mos. ds.
18 LENGTH OF RESIDIOR REGENT RESIDENT: At place of death	nos ds. Sta	e yrs,	
At place of death	nos ds. Sta	e yrs,	mos. ds.

if more blanka are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND PEACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... It death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) Write the word) CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE it LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) ENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARE TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ..... Yrs. mos. ..... ds. State Where was disease contracted. KNOWLEDGE if not at place of death? Former or (Intormant) usual residence. 19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Yosaville REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Reguesting

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: ."Foreman,"

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of information should be carefully supplied. AGE should be st a DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

CAUSE OF Important.

N.B.

V. S. No. 1.

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stated EXACTLY.

AGE

County Baltiniae	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City/Mt Wruceus (No. Main	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw him alive on luce 18 , 191 4,
7 AGE If LESS than	and that death occurred on the date stated above, at 11:304m,
15 yrs // mos / 4 ds OR min.?	The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work	infly Suffered Compliance
(b) General nature of Industry, business, or establishment in Sand & Gravel office which employed (or employer)	(Duration) ho yrs ho mos /> ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF John J. heaves	(Signed) Raymond Officer, M. D.
11 BIRTHPLACE OF FATHER (State of country)  12 Maiden Name OF MOTHER  OF MOTHER	*State the Display Courses Met Williams.
M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) William In heavy	If not at place of death?
(Address) Mo vouceues	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 ( 9) / 4 / 10 00	110 Clivet fer Jun 22 , 1914
Filed and 191. 7 . REGISTRAD	29 UNDERTAKER OF 1003 W. Ballo

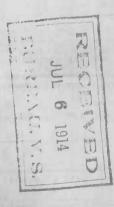
If more blanks are needed, address State Degistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of tungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopncumonia (secondary), 10 ds. ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 "Exhaustion," Never report



may be properly classified.

OF

Item

ż

V. S. No. 1.

. B.—Every Item CAUSE OF Important.

PHYSICIANS should state of OCCUPATION Is very

RECORD

1 PLACE	OF I	DEATH	5625
County Bal	lu	noil	
			1,

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Catourulle (No. Wenters Lane St.; Ward)

2FULL NAME Baly, Wolan

[If death occurred in a hospital or institution, give its NAME Instead of street and number. I

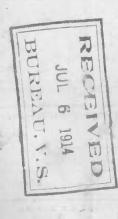
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day  (Year)  17  I HEREBY GERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	
	(Month) (Day (Year)	that I last saw h allve on, 191
TAG	a E If LESS than	and that death occurred on the date stated above, at 3 a m
	yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or riticular kind of work	Still Bow.
bus	General nature of indostry, iness, or establishmenf in ch employed (or employer)	ds
9 BI	(State or country) Catornelle Wed.	Contributory Secondary  (Duration)yrsmosds
	10 NAME OF Thomas Nalour	(Signed) marshall Blurst M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARI	12 MAIDEN NAME OF MOTHER & Question	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country) Unol.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) Way Moore	Where was disease contracted, If not at place of death?  Former or
	(Address) Catouruelle mol.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII	ed June 23, 1914 Marshall B Wist, REGISTRAR	Cald Odd Fellow June 23, 1914.  20 UNDERTAKER  Calouwelle  Calouwelle
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



N. B.

County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 30
Village or City Howard for No	St.; Ward)  St.; Ward)  a hospital or Institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Ternale white Single, Married, Wilsowed, Wilsowed, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I strended deceased from
Month) (Day) (Year)	fine 18th, 1914, to fine 13th, 1914 that I last saw he alive on fine 13th, 1914
TAGE    It LESS than   1 day, hrs. or or min. ?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:  Lucitude of the line of the lin
(b) General nature of industry, business, or establishment in which employed (or omployer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. 3 ds.  Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER Sayero  11 BIRTHPLACE OF FATHER (State or country) England  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds.
(Address) + 0/0 Filed June 10th, 191 4 Q, C, Ruich	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  20 UNDERTAKER  ADDRESS / 4 2 2
REGISTRAR	ar, & E. Franklin St., Balto., Rejuesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of ageness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum

mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purepueal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maily. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For vioda.;



E C O P ' F	
1 PLACE OF DEATH 5627	STATE OF MARYLAND
R 1	CERTIFICATE OF DEATH
County Mehrum	CERTIFICATE OF DEATH
	Registered No.
700	I fit death occurred in
Village or City (No. V CC	St; Ward) a hospital or Institution,
0 1	, give its NAME instead
2 FULL NAME John of Scoll.	of street and number.]
TOLL HAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
T WIDOWED. Church.	(Month) (Day) (Year)
Temple Thill (Write the word)	17) I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	17 1/ 22- 1/
me 28 19/H	1914, to from 1914,
(Month) (Day) (Year)	that I last saw h en alive on
7 AGE If LESS tha	and that death occurred on the date stated above, at
f day, Ohrs	The CAUSE OF DEATH* was as follows:
yrs. Omos. Ods. OR Omin.?	The all the art of the
BOCCUPATION	This could mis induly
(a) Trade, profession, or particular kind of work	for come days fires
(b) General nature of Industry,	who whole I the stay
business, or establishment in	(Buration) yrsmosds.
which smployed (or employer)	
9 BIRTHPLACE (State or country)	Gontributory Welleway. (Secondary)
Maylow	(Duration) yrs mos ds.
10 NAME OF A A A A A A A A A A A A A A A A A A	Comment Or 18 Nous Aust
hall o Three	
Z (State or country) fashband Urch	Acre 28, 191 4 (Addross) 2347 Checken Me
Z OF FATHER (State or country) performed by	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
l - 111 1000.	If not at place of death?
(Informant)	usuai residence
(Address Tell - Are	PPLACE OF BURIAL OF MEMOVAL DATE OF BURIAL
(Address)	- 1/2 1 1 1 1 1 1 1 20 11
Mrs 98 16 11 7 17 miles.	204IN DEPTAKED
Filed Are 20, 191 V	ADDRESS ADDRESS
A CANCEL OF THE COLOR OF THE CO	IN TREASTRAY 3539 out 1009
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. mere symptoms or terminal conditions, Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," such as "An-Examples: cause for For vio



5628	OT A WELL OF MARKET AND
PLACE OF DEATH	STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
	Registered No.
Village or City Medelle Rivino.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Martin Office	Sheimer of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married, Single, Married, Single, Wilowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That Lattended deceased from
6 DATE OF BIRTH	
hulaiva, 1856	, [9], to, [9],
(Month) (Day) (Year)  7 AGE   If LESS than	that I last saw h alive on, 191
1 day,hrs.	and that death occurred on the date stated above, at
or min. ?	hermage of the
(a) Trade, profession, or Reteroel	srah )
particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF Reuber Chambers	(Signod) Frank & Frully Corongor
OF FATHER	Jun 2/, 191 4 (Address) Rossvelle
OFFATHER (State or country) Sermany  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Do Malvin Rosestal	Former or usual raelsence
(Address)/928 Lindon Chr	19 SLICE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 UNDERTAKEN ADDRESS ADDRESS
Filed 11 , 1914 KW Janus 200 REGISTRAR	Sondheim 1/8 Wm Royal
of more blanks are needed, address State Registrar, 6 H	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease of death—Name, first, the death of causing death of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



V. S. No. 1.

N. B.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.	
PHYSICI of OCC	
EXACTLY.	
stated . Exac	
assified	
E shot erly cl	
d. AG	
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should n term on ta	
nation in pial uctions	
f inform DEATH	
Item of I	
-Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.	

state Very PLACE OF DEATH 5629

Baltinin

or Gity Pleastant Radge



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 937

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

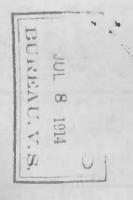
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
DA	AL WOLWES, MARRIED, Swish on Divorced (Write the word)  ATE OF BIRTH  Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY That I attended deceased from 28, 1914, to 14 28, 1914  that last saw him alive on 28, 1914		
7 AG	If LESS than 1 day,hrs.	and that desth occurred on the date stated above, at 1/3-1 n The CAUSE OF DEATH* was as follows:  Pringfun Burth		
par (b)	Prade, profession, or ricular kind of work	(Duration) yrs. mos. d		
	10 NAME OF FATHER MAH Parks  11 BIRTHPLACE	Secondary  (Duration) yrs mos of the secondary  (Signed) B, M, Bussey , M.  Shur 29,1914 (Address) Jexas MI		
PARENTS	OF FATHER (State or country) maryland  12 MAIDEN NAME OF MOTHER MATILDA Gartling  13 BIRTHPLACE OF MOTHER (State or country) mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES. state (1) MEANS OF INJURY; and (2) whether Accides TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos.		
(	(Interment) Paray Tayling  (Address) Currey ville	Where was disease contracted, If not at place of death?  Former or usual residence		
1 5 File	ed June 29, 1914 BJABuson On D	Chestrut (Ridge June 30, 1814  20 UNDERTAKER ADDRESS  UNIT DANS		

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherid (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For Vio-



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Very 10 SICIANS shoul PERMANENT THIS properly pe UNFADING may carefully 20 piain = DEATH OF Important. Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h..... alive on (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at. 1 day ..... hrs. 0 OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which amployed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ŏ back 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_ Where was disease contracted. If not at place of death?-Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKEA

19 PLACE OF BURIAL OR REMOVAL

Ilf death occurred in

a hospital or institution. give its NAME Instead of street and number.

(Day

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec--Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, Write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can is less definite; avoid use of "Tumor" for mang The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of For vio-



PHYSICIANS RECORD PERMANENT properi AGI NX supplied UNFADING may certificate. that 20 0 plain instructions Information = EATH PE Every item CAUSE OF Important. S

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... fif death occurred in .....St:......Ward) a hospital or Institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIOOWEO, ORDIVORCEO (Month) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR .... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos, Where was disease contracted. If not at place of death? Former or DATE OF BURIAL 15

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of iilbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras genitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULLEAU, V.S.

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County Balls	(1	CERTIFICATE OF	20
Village or City Months  2 FULL NAME MA	on No.	Registration Dis St; Ward)	[If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF	DEATH
(Permall What I) ORD	ELE, RIED, Single Word, Word to the word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That I a	(Day) , 1914 (Year)
DATE OF BIRTH Ofar (Month)	(Day) (Year)	that I last saw her allve on 2 125	
AGE  60 yrs. 2 mos.	If LESS than	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	bove, at 5, 13, m
BOCCUPATION  (a) Trade, profession, or particular kind of work	Luper		gelalion
which employed (or employer)  BIRTHPLACE (State or country)	Ost	Gentributory Islalians (Secondary)	15
O II DIRTHUACE	Peure	(Signed) C. Rofo Pa	yrs mos / 3 d
OFFATHER (State or country) Ball	o Co	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	deaths from VioLent (2) whether Acciden-
of Mother Odisable  13 BIRTHPLACE OF MOTHER (State or country)  Harfine	h Shane	18 LENGTH OF RESIDENCE (FOR HOSPITALS. In or RECENT RESIDENTS) At place In the ot death yrs mos, ds. State	
(Informant) John M	Leasee	Where was disease contracted, It not at place of death?	, , , , , , , , , , , , , , , , , , ,
Address) Novdelane	N	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed	REGISTRAR	20 UNDERTAKER  Them & Brooks	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5632

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



certificate.

See instructions on back

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	PERSONAL AND STATISTICAL PARTICULARS
SE	man Colored Single, Married, Middle, Surge, ORDIVORCED (Write the word)
6 D	(Month) (Day) (Year)
7 AC	
(a)	Trade, profession, or
(a) pai (b) bus whi	Trade, profession, or ticular kind of work
(a) pai (b) bus whi	Trade, profession, or ficular kind of work.  General nature of industry, ness, or establishment in ch employed (or employer)
(a) pai (b) bus white	Trade, profession, or ticular kind of work.  General nature of industry, ness, or establishment in the employed (or employer)  RTHPLACE ate or country)  10 NAME OF A
par (b) bus white (S	Trade, profession, or ticular kind of work.  General nature of industry, ness, or establishment in chemployed (or employer)  The mployed (or employer)  The name of father william Rengantial and the country of the cou

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	MEDICAL C	ERTIFICATE	OF DEATH
16 DATE OF	DEATH	Jun	2 4 , 1913
•		(Month)	(Day) (Year)
17	I HEREBY C	ERTIFY, Tha	t I attended deceased from
		, to	
that I isst sav	v halive	on	, 191
and that deat	n occurred on	the date state	ed above, atm
The CAUSE	F DEATH* W	as as follows:	
du	a fr	mes 1	raura
***************************************	1 6	aus	raina (
		******************	
•••••		(Duration)	yrs
Contribute (Secondary			4
***************************************		(Ouration)	yrsds
(Signed)	nan	in 710	Februla M
			Cownowi
*State the	DISEASE CARS	OF INJURY: 8	r, in deaths from Violent and (2) whether ACCIDEN-
16 LENGTH O	FRESIDENCE	FOR HOSPITAL	s. Institutions, Transients
OR RECENT	RESIDENTS)	In the	
	rs mos		yrs mos ds
Where was disease of not at place of			
Former or	uca(#f	****************	***************************************
usual residence			
19 PLACE OF	BURIAL OR R	EMOVAL	DATE OF BURIAL
Blu	zu Cu	~	& 2 × 191 5
20 UNDERTA	/		ADDRESS
			WADDLE 22

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. who have no occupation whatever, write None. causing death, state occupation at beginning of lifbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho receive a definite salary), may be entered as mine, etc. statement. the nature of the business or industry, and therefore an material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH County OCCUPATION IS Registration Dist. No ... Ilf death occurred in PHYSICIANS Village or City St.: Ward) a hospital or institution. RECORD give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. widow WIDOWED. BINDING (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, f day, .....hrs. OR ..... 7 properly BOCCUPATION AGE (a) Trade, profession, or ERVED particular kind of work supplied. (b) General nature of Industry. business, or establishment in may which employed (or employer) ... Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) that (Doration) 10 NAME OF FATHER 0 S 11 BIRTHPLACE terms, ENT OF EATHER (State or country) pinods \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE \_ At place In the OF MOTHER (State or country) of Inform DEATH \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, \_\_\_\_ mos, ..... ds. Where was disease contracted. if not at place of death?-Former or Item E OF usuai residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 ADDRESS m if more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caroin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae--Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: Ex.



PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT EXACTLY. stated properly classified. UNFADING INK-THIS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important.

5635 1 PLACE OF DEATH Ballin



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	uniy	Registration Dist. No.
VIII	2 FULL NAME Elema Sophia	Selization St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	Benuale 4 COLOR OR RACE MARRIED, Widowed Wilowed, Willowed, ORONORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	Sully 23, 1833. (Month) (Day (Year)	that I last saw he alive on June 4 1914
7 A C	If LESS than	and that death occurred on the date stated above, at
(a) par (b) bus	CCUPATION Trada, profession, or ticular kind of work  General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
	RTHPLACE (State or country)	Secondary Cardinas arthonia — — — — — — — — — — — — — — — — — — —
	10 NAME OF SOUT KNOW	(Signed) We E. M. J. Manalegue - M. D.
ENTS	of Father (State or country)	*State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME SONT PriSW	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country)  State or country)	At place in the of death yrs mos ds. State yrs mos ds
	Informant) Salacal Ht Chresh	Where was diseasa contracted, If not at place of death?  Former or usual residence
15	(Address) 602 S. Cliston	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ballemore Cemelery June 9, 181 4
File	June 1. 1914 WE The Claualian	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. **v**2

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indicausing nearth, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But iu many who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meningos, peritonaeum, etc., Carcin-

naut ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luauitiou," "Marus thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae ctc., when a definite disease can be ascertaized as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD

village or City Harlington (No. 113, E	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 32  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRISO, WIDOWED, WIDOWED, Widowed, Write the word)  8 BATE OF BIRTH  Lent  1913	(Month) (Day (Year)  17) I HEREBY CERTIFY, That I attended deceased from  1914, to June 1915.
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,hrs, ORmin.?	and that death occurred on the date stated above at The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Too (Outation) 15 mos is
9 BIRTHPLACE (State or country) Forfer of Value of FATHER Predent of Cohlman  10 NAME OF FATHER Predent of Cohlman  11 BIRTHPLACE OF FATHER (State or country) Balto Cohlman  12 MAIDEN NAME OF MOTHER OF SIMM MOTHER	(Signed) (Address) 1927 Sauch (M. D. *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE (Informant)  (Address)  16  Filed  (Address)  17  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
If more hlanks are needed, address State Regist	rar, 6 B. Frankllu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

County Bullo	CERTIFICATE OF DEATH
0 00	So Bouldiust; Ward) [If death occurred in a hospital or lostitution,
*FULL NAME Mary E. P	wer a nospital of lostituitor, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WILDOW (Write the word)	(Month) (Day) (Year)  17
DATE OF BIRTH  WALCH  (Month) (Day) (Year)	that I last saw h &r allye on rule 16 1914
7 AGE  (Monta)  (Day)  (Tear)  1 f LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
*OCCUPATION (a) Trade, profession, or particular kind of work	Prilmonary Interculosis
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Osmoplysis ds.
9 BIRTHPLACE (State or country) Bullo. Mil	(Secondary)  (Duranon) yrs mos 3 ds.  (Signed) Covoro Covoro N
o 11 DIRTHRIAGE	6/16, 191 4 (Address) 4/3 h. Woslanger
OF FATHER (State or country) Ballo ma  12 MAIDEN NAME OF MOTHER MANY E. Eldlu	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Bull , mad	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) . The BEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residence
(Address) 128 NO. 13 million St	Sewell Burgerd Date of Burial Sewell ma 9, 184
Filed Filed 7-, 1914 W.E. TW. Calliana Registration of the more blanks are needed, address State Registration	20 UNDEBTAKER  WILLIAM BOOK Bello- ned

STATE OF MARVIAND

5627

1 DI ACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: For persons "Foreman," (d)

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sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. childbirth or miscarrlage. as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix cause of death approved by Committee on Nomencla. injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chroniu oma. Surcoma. etc., of \_ ture of the American Medicai Association.) "Contributory." is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUL 7 1914

BUREAU, V.S.

S. No.

Ty e	1 PLACE OF DEATH 5638	STATE OF MARYLAND
state	County Balt.	CERTIFICATE OF DEATH
should si NOI	Gounty (1.3.11.C)	Registered No. 25 %
PHYSICIANS t of OCCUPAT	Village or City Willington (No. 10 C	Dread Give St; Ward)  [If death occurred in a hospital or institution, give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ted EXACTLY.	Hemale White Sengte, Widow Oppiwareto (Write the word)	(Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from
44	(Month) (Day) (Year)	that I last saw h 17 allve on June 10, 1914
should be s	7 AGE II LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
AGE	8 OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Olyonie Kekhitis 4 Bronchoshea
supplied. may be te.	business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
that it me certificate.	9 BIRTHPLACE (State or country) Cumbuland Ind.	Gentributory (Secondary) (Secondary) (Ouration) yrs. 2 mos. ds.
0000	10 NAME OF Samuel Price	(Signed) Win D. Welle, M.D.
should by terms, on back	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
nformation ATH in plair Instructions	of Mother margaret Price  13 BIRTHPLACE OF MOTHER (State or country)  Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
F DE	(Informant) MAS . T. Canduson	Where was disease contracted, if not at place of death?  Former or usual residence
CAUSE O important.	(Address) Mt. Washingon Mf.  15 Filed 191 Wu S. Julie	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Combuland June (2,191.4.
S. B.	REGISTRAR  If more blanks are needed, address State Registrar, 6	D. Franklin St., Balton Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name. first, the disease causing death—In arry affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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### PHYSICIANS should of OCCUPATION IS PERMANENT classifled. UNFADING plain DEATH 0 Item OF Every Item CAUSE OF Important.

certificate.

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See Instructions

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5639 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lilage or City High lan	oftenere	3213	Elliott Sk	St	Ward)
	(110.				

Ilt death occurred in a hospital or institution. give its NAME instead

ADDRESS

10275 Keinson

tralpowers

ot street and number.] Maria PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, Wielver WIDOWED. (Month) ORDIVORCED (Write the wezd) DATE OF BIRTH 1838 (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... mln. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which amployed (or ampioyer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ... yrs. ..... mos. ..... ds. State \_\_\_ Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

20 UNDERTAKER

REGISTRA

If more blanks are needed, address State Registrar, 6'E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing meath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaenant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS Stroe MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion," For VIO-



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STATE OF MARYLAND 1 PLACE OF DEATH 5640 CERTIFICATE OF DEATH Registration Dist. No... It death occurred in St.:...Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATS OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw holders, allve on ..... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER S 11 BIRTHPLACE L OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ ds Where was disease contracted. If not at place of death? Former or usual residence. mportant. DATE OF 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement.- Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the nisease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Ivanition," "Marasaffection need not be stated unless important. The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for For vio-



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564 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No [If death occurred in a hospital or Institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. three WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death ..... yrs. .... mos. .... State ..... yrs. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the msease causing nearm (the primary biffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of dcath approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICEAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.
ERN	xact
0	d. E
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WR	Every Item of Information should be carefully sur CAUSE OF DEATH in plain terms, so that it mis Important. See instructions on back of certificate.
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Sillage or City Westport (No.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. 191.5 WIDOWED. (Year) (Month) (Day ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? .mos ..... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER AREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs, \_\_ .... yrs. ..... mos. .... Where was disease contracted. 14 THE ABOVE LETRUE If not at place of death? Former or usual residence. OF BURIAL OR DATE OF BURIA REMOVAL (Address)..... 15 ADDRESS Filed If more blanks are needed, address State Registrar, 6 E. Franklin St./Balto., Requesting V. S. No. 1.

. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Mauager," "Dealer," etc., without more precise speci-fication as Day labover, Farm aborer, Laborer—Coal additional line is provided for the latter statement; It should be used only when needed. As examples:

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Forenan, (b) Automobile factory. Phe tion is very important, so that the relative healthful-For many occupations a single word or term on the whiles to each aud every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupas, espectally in industrial employments, it is nec-ry to know (a) the kind or work and also (b) nature of the business or industry, and therefore an engineer, Stationary french, etc. But in many line will be sufficient, e. g., Farmer or Planter, If retired from business, that fact may be indl-

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syudym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: Accidental drowning; Fruck by railway train—accident; Revolver around of head—homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, or as probably mia," "PUERPERAL peritonitis," etc. Siste cause for childwirth or unscurriage as "Preparent septichaccause. Always qualify all diseases resulting from genital," "Seuile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Juaui on," "Maras-nus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Seuile," e(a), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measics (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the oma, Sarcoma, etc., of...... (name origin; "Can-"Coutributory." The contributory (secondary or intercurrent)



No. 1. ż

	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	Ounty Baltimore (No.	STATE OF MA CERTIFICATE O Registration Di	F DEATH st. No. [If death occurred i
	2 FULL NAME James Ross	St; ward	a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	Male Hack Single, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month)  17   HEREBY GERTIFY, That I	16 ,1914 (Day) (Year)
B D	ATE OF BIRTH	17   HEREBY GERTIFY, That I	16 16
	(Month) (Day) (Year)	that I last saw himm allve on June	15 A 1914
7 A	ge   If LESS than	and that death occurred on the date stated : The CAUSE OF DEATH * was as follows:	above, at 545 P. m.
(a	CCUPATION ) Trade, profession, or rlicular kind of work	Tronche preum	nia)
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	Gentributory Bronchitis	yrs. mos./3 ds.
9 B	18th PLACE tate or country) Baltimore Country	(Secondary)	NYO MOO 8 do
	10 NAME OF Jacob Plos	(Signed) Mr. R. Eare	, M. D.
ENTS	OF FATHER (State or country) Prince George Co. Md.	*State the DISEASE CAUSING DEATH, or, I	n deaths from VIOLENT
PARI	12 MAIDEN NAME Margaret C. Thomas	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. I	(2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country) Baltimore Co. Md	At place In the of death yrs ds. State	yrs mos ds
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or	
	Ha latore	19 PLACE OF BURNAL OR BEACOVAL	
15	Address) Address)	Catala Censes	MATE OF BURIAL
Fil	edines ( T 1914 T, Millians 3	20 UNDERTAKER PROPERTY	ADDRESS Will Mit

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may he indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc.. Carcinbosis

by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railicay train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ..... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very of information should be carefully supplied. AGE should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every item of information CAUSE OF DEATH in piai Important.

1 PLACE OF DEATH

Village or City

5644

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

No.	77	Wels	n Sa	sutar	ard)

[If death occurred In a hospital or Institution, give its NAME Insfead of sfreef and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3/5	ewale with Single, MARRIED, WIDOWED, ORDINORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day (Year)
D	ATE OF BIRTH		
	(Month) (Day (Year)	that I last saw h alive on	, 191
A	GE If LESS than	and that death occurred on the date state	d above, atm
	Omode day,hrs.	The CAUSE OF DEATH * was as follows:	
a	DCCUPATION  a) Trade, profession, or articular kind of work.	Ilio Colife	- -
J	) General nafure of industry, siness, or establishment in nich employed (or employer)	(Duration)	yrs. / most de
В	(State or country) Salxwire Md.	Gontributory To Class Secondary	Preumone yrs / wk
	10 NAME OF Michael	(Signed) monney	, M. D
	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, o	r, in deaths from Violent
-	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; &	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALION OR RECENT RESIDENTS) At place in the of death	s, Institutions, Transients
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	ma-
5	(Address) miller, mil.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	led, 19f	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applles to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton milt; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uce-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberoucsis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection used not be stated unless important. vutvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgeuital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of



W. B. No. 1.

		should state
	RECORD	PHYSICIANS of OCCUPA
SANGINA TESTAVED TON BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
2014	UNFADING	arefully supplie that it may b certificate.
	RITE PLAINLY, WITH	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
W. B. No. 1.	W	N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH 5645  County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Helledale (No. ,	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie Wille (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended despased from
6 DATE OF BIRTH  Of 952 1914	May 3 0 11, 1914, to Jame 9 11, 1914,
(Month) (Day) (Year)   7 AGE	and that death occurred on the date stated above, at 1/30 am, The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mod	(Buration) yrs mos // ds.  Contributory (Secondary)
10 NAME OF FATHER Clar Roce 20  11 BIRTHPLACE OF FATHER (State or country) Judiana  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs, mos ds. State yrs, mos d. Where was disease contracted,
(Informant) Chas Courses (Address) Hills dale Ind	It not at place of death?  Former or usual residence
Filed function, 19t. 4 REGISTRAR  Of the more blanks are needed, address State Registrar	20 UNDERTAKER ADDRESS ADDRESS Salts

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL perMonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of \_\_ (name origin; "Candeath), 29 ds. "Exhaustion," FOI VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU, V.S.

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WITH

1 PLACE OF DEATH





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Linwood Ward)

It death occurred in a hospital or institution, give Its NAME Instead

### of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIEO, manue WIDOWED, (Month) (Day Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 101 863 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day .....hrs. DEATH\* was as follows: mos ds. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in mos. . . ds. (Duration) which employed (or employer) ..... Contributory Mullimana 9 BIRTHPLACE (State or country) Secondary (Doration) .....vrs. 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_ Where was disease contracted. If not at place of death? ..... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

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etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of



### V. E. No. 1.

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### RECORD PERMANENT 4 S INK-THIS UNFADING PLAINLY, WITH WRITE

Very state PHYSICIANS should of OCCUPATION IS Exact statement of EXACTLY. stated may be properly classified. pe pinous AGE carefully supplied. DEATH in plain terms, so that it made See instructions on back of certificate. should be of information DEATH in pial CAUSE OF Important. S

1 PLACE OF DEATH



TO THE BEST OF MY KNOWLEDGE



### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty Old James	Registration Dist, No. 43.
Vil	lage or City Hamilton (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	em ale Phite Single, Married, Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH Hele. 8 1865	that I last saw h T alive on Line 26, 191
7 A	(Month) (Day (Year)  GE   If LESS than	and that death occurred on the date stated above, at 4/5 m, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work	Milias Reguzgilation (Duration) yrs & mos. ds.
	IRTHPLACE (State or country) Maryland	Contributory AM shall Regarded Secondary (Doration) yrs mos ds.
	10 NAME OF John dist	(Signed) Journal M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Oursel.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrsmosds.

		In the State	yrs,	mos	ď
Ш	Where was disease contracted		•		

If not at place of death?

Former or usual residence

Loudon (		110 1	Smur	000
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

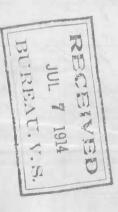
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomolive engineer, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of ageness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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W. B. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Last Forest Carries Sa	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3 d  Livery Sughto Coursed in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOROR RACE SINGLE, MARRIED, WIDOWED WIDOWED WIDOWED (Write the word)  S DATE OF BIRTH  SEPT 13 1855	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  71  1914, to famel 21, 1914,
Month) (Day) (Year)  AGE    If LESS than	and that death occurred on the date stated above, at 3:/5" m, The CAUSE OF DEATH* was as follows:
COCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory (Secondary)
10 NAME OF FATHER Bernhard Molde  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME GOF MOTHER GESCHE LAKWEYER  13 BIRTHPLACE OF MOTHER	(Signed)
(State or country)  4 THE ABOVE IS TRUETO THE BEST OF MY RHOWLEDGE  (Informant)  (Address)  4 TO/Liberty / Feighbland  6  Filed I I I I I I I I I I I I I I I I I I I	of death
If more blanks are needed, address State Registrate	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. For viomere symptoms or ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-State cause for "Exhaustion," Examples:



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CUPATION IS 0 back Instructions

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) Single (Month) I HEREBY CERTIFY, That I attended deceased from that I last saw h. alive on ..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at \_\_\_\_\_\_ 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE (State or country) . Secondar: 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... yrs. \_\_\_\_ mos. \_ ..... yrs. ..... mos. ..... ds. Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?...

20 UNSERTAKEN

19 PLACE OF BURJAL OR REMOVAL

DATE OF BURIAL

Ilt death occurred in

a hospital or institution. give its NAME Instead ot street and number.]

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

\*

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speeistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclacause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... "Contributory." sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (Recommendations on statement, of (secondary or intercurrent) (name origin; "Can-State cause for Never report For 'VIO-



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PHYSICIANS

RECORD

5650 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Salt mon Registration Dist. No. Ilt death occurred lo a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RAGE MARRIED. WIDOWED. (Month) (Day OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 to that I last saw h..... alive on (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at ... 1 day, 6 hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? ..... mos..... .ds. 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 4. (Address) OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BES If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Manklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupatious duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civit engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitiat nephritis, nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (secondary), 10 ds. "Dropsy," "Exhaustion," State cause for Never report For vio-



No. 202

B ż

RECORD stated EXACTLY. PERMANENT properly classified. 4 UNFADING INK-THIS IS should AGE carefully supplied. WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, s Important.

### PHYSICIANS should state of OCCUPATION is very of certificate. See instructions on back

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[it death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale 1 Africe Single,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw here alive on
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	Cascinavia Buist
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Innual Maluria ds.
(State or country) Maryland.  10 NAME OF FATHER GEORGE Shave	Secondary (Doration) yrs mos ds. (Signed) Secondary , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maruland.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence E flicatt City, M. A.
(Address) Ellicott City Md.  Filed Sur! 1914 Grownswark	Suaku Hell am. Date of Burial  20 UNDERTAKER  ADDRESS
REGISTRAR	Alfred singer & fan Clicott lity

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligcause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scmile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



Co	PLACE OF DEATH 5652  Dunty Ballo Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 38
V	2 FULL NAME Ora Malinda	ller Une St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale 21: hile (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	May 24, 1879. (Month) (Day) (Year)	Nov 24 , 1913, to June 5 , 1914, that I last saw h 22 alive on June 4 , 1914
7 AC	3 5 yrs. mos. /2 ds. OR min.?	and that death occurred on the date stated above, at
(a)	Trade, profession, or House Wife	Pulmonary Tuberculous,
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs 8 mos ds.
9 B! (Si	RTHPLACE (atte or country) Taginaa	Contributory (Secondary)  (Duration)  Fig. 8 mos. ds.
S	10 NAME OF FATHER Wm. Rudasill.	(Signed) Chas & Garling, W. D.  June 3, 1914 (Address) 465-2 york Ra
C State or country) Taginal	(State or country) (aginaa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  13 Gaynaa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
147	Interment, albert, E. Smith	Where was disease contracted, If not at place of death?  Former or usual residence
1 5 File	MMl 6 191 4 M. L. L. L. L.	St marys fumfor June 8, 191/20 UNDERTAKER
4	REGISTRAR	Thenowith for Chestrutton
1/	O) II whore Dianks are needed, address State Registra:	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the oecupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not minc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcin

eause of death approved by Committee on Nomenela mia," "l'uenferal peritonitis," etc. State cause for childbirth or misearriage, as "Purnernal septichar-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senite." etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measics; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medicai Association.) LENT DEATHS state MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (name origin; "Can Examples:



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LOR BINE	K-THIS IS A PE	ACE should be state operly classified. Ex
TE OF TVE	UNFADING INF	that it may be precificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
W. B. No. 1.	WRITE	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 5653 County Balta	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
VIIIage or City Sear Sunny (No. 18. ).  FULL NAME Casharin	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE SINGLE, MARRIED, WIDOWEO, OR OF OF OR OT	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at Alandam, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Duration) yrs mos ds.  Contributory (Secondary)
(State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  M  12 MAIDEN NAME  OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) J. J. Address M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE Balls And	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEMTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, This brasks Goter (Address) Phonix O. M.c.	Where was disease contracted, If not at place of death?  Former or usual residence
Filed. flame 127914 fra 100 Magnetic Registrar  11 more blanks are needed, address State Registra.	20 UNDESTAKER  Che Sinh & Low 915 M. Gay A  To G E. Franklin St., Balton Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Menager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative acaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrerral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rail train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: cause for



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED

5054 HEALTH DEPARTMEN	NT-CITY OF BALTIMORE
CERTIFICA	TE OF DEATH 25
PLACE OF DEATH	REGISTERED NO. 2
CITY OF BALTIMORE (No. 17914 Ports 2-FULL NAME Margaret	(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
(Residence in Baltimore: Leventy	<i>fe fre</i> St.; yrs. mos. ds.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernal While 5-SINGLE, MARRIED WILDOWG OR DIVORCED (Write the word)	16-DATE OF DEATH JULE 26, 1914 (Month) (Day) (Year)
G-DATE OF BIRTH 2 2 , 1825 (Morth) (Day) (Year)	Nov / HEREBY CERTIFY, That attended deceased from 1913, to. June 26 1914.
7-AGE  1f LESS that 1 day,hrs ormin.?	and that death occurred, on the date stated above, at
S-OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9-BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows:
10.NAME OF FATHER AND AND OF FATHER (State or country Lemicary)  12.MAIDEN NAME OF MOTHER (State or MOTHER)	(Signed), J. Helvin M. D. James 16:, 1914 (Address) 1303 W. North &
New york	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) MAR A DEVELOR	18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? former or usual residence.
15. Filed Jun 7, 194 Hung G. Neyly	19 PLACE OF BURIAL OR DEMOVAL DATE OF BURIAL  MULDON JOHN JOHN JOHN ADDRESS  ADDRESS

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Spinner, (b) Cotton mill; (o) Solesman, (b) Grocery; it should be used only when needed. As examples: (a) an additional line is provided for the latter statement; the nature of the bosiness or industry, and therefore sary to know (0) the kind of work and also (b) the Physicion, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Former or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesoccupation is very important, so that the relative healthness, that fact may be indicate thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatcupation at beginning of illness, up on account of the DISEASE CAUSING DEATH, State ocin domestic service for wages, as Servant, Cook, Housework, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Doy loborer, Farm laborer, Loborer-Cool mine, etc. cases, especially in industrial employments, it is neces-Civil engineer, Stotionory firemon, etc. But in many moid, etc. If the occupation has been changed or given to report specifically the occupations of persons engaged ployed, as At school or At home. Care should be taken "Dealer," etc., without more precise specification, as Never return "Laborer," "Foreman," "Manager," worked on may form part of the second statement. ever, write None. Women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile foctory. The material Statement of Occupation.-Precise statement of For many occupations a single word or term on If retired from busi-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Generospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever report "Typhoid pneumonia"); Loban pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite); Tuberculosis of lungs,

avoid use of "Tumor" for malignant neoplasms); dental drowning; Struck by railwoy train - accident; if impossible to determine definitely. Examples: Acci-VIOLENT DEATHS state MEANS OF INJURY and qualify as ing from childbirth or miscarriage, as "Puerperal septained as the cause. Always qualify all diseases result-"Weakness," etc., when a definit disease can be asceranition," "Marasmus," "Old age," "Shock," "Uræmia," "Exhaustion," "Heart Failure," "Hæmorrhage," "In-"Debility" ("Congenital," "Senile," etc.), "Dropsy," matic), "Atrophy," "Collapse," "Coma," "Convulsions," ditions, such as "Asthenia," "Anæmia" merely sympto-10 ds. Never report mere symptoms or terminal concausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease tory (secondary or intercurrent) affection need not be eose; Chronic interstitiol nephritis, etc. The contribu-Measles; Whooping cough; Chronic volvular heart dismeninges, peritoneum, etc., Corcinoma, Sarcoma, etc., tetonus) may be stated under the head of "Contribuas fracture of skull, and consequences (e. g., sepsis, bolic acid-probably suicide. The nature of the injury, Revolver wound of head-homicide; Poisoned by car-ACCIDENTAL, SUICIDAL, HOMICIDAL, OF as probably such, for which surgical operation was undertaken. tichaemia," "PUERPERAL peritonitis," etc. State cause (name origin; "Cancer" is less definite;

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Haemorrhoge, Meningith, Phlebitis, Cellulitis, Gangrene, Missandiage, Pyoemia, Childbirth, Gostritis, Necrosis, Septicaemia Convulsions, Erglipelas 1914itonitis, Tetanus,

The following In ist a Transfer of a Coroner:

Death the to accident (if eximinal negligence possibly involved): Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

60.

	/ Spec.—5-19-13—M. & T.—500 Bks.	
	5655 HEALTH DEPARTMENT	CITY OF BALTIMORE
state	mobile more	
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should si NOI	1-PLACE OF BEATH	REGISTERED NO. C.
Tion	CITY OF BALTIMORE: (NO. 1)	(If death occurred in a hospital or institution,
PAN'S	2-FULL NAME Louise of	defined of street and number and fill out No. 18.)
900	A STATE OF THE STA	All 1 4 1
ON SERVICE OF SERVICE	(Residence in Baltimore: No. Namental	St.; J. yrs,mosds.)
P. P.	NVN GOVA-	
S X Z	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
E E E	3-SEX. 4-GOLOR OR RACE, MARRIA MARRIA	16-DATE OF DEATH, And 24
St. St.	Fernall Colored WIDOWED, (Write the word.)	(Month) (Day) (Year)
EX.	6-DATE OF BIRTH.	
PE Ex	Juny 7 1893	HEREBY MERTIFY, That I attended deceased from
eds	(Month) (Day) (Year)	191 4, to 191 7 191 7
d b	7-AGE 1 If LESS than 1 day.	that I saw halive on 1917,
THIS should y class	yrsmos. / 8 dshrs. ormin.?	and that death occurred, on the date stated above, at
T s la	8-OCCUPATION:	The CAUSE OF DEATH* was as follows:
INK—T AGE sl properly	(a) Trade, profession, or particular kind of work. (b) General nature of industry, husi-	Minimum Intimul.
7	ness, or establishment in which	- Villand
N N N N N N N N N N N N N N N N N N N	employed (or employer)	
ADING supplied may be	(State or Country),	(Durntles) pros
E 5.7 0	VVC	CONTRIBUTORY CONTRIBUTORY
UNF efully that i	10-NAME OF FATHER,	(Duration). yrs most dn.
E E E S	11-BIRTHPLACE	(Signed) D.
WIT d be press, back	OF FATHER (State or County),	1. (Address) . D. M. D. T. D.
ter uld	OF FATHER (State or County),  12-MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or
Sho sho	Jem allen	HOMICIDAL,
noi portion	OF MOTHER	18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRAN- SIERTS, OR RECENT RESIDENTS).
formatic ATH in instructi	(State or Country),	At place In the
	14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	of death
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ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work, and also (b) the nature of the business or industry, and, therefore, person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Composistatement of occupation is very important, so that the relative healthfulness of various pursuits can be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. causing dearth, state occupation at beginning of illness. If retired from business, that fact may be changed or given up on account of the DISEASE report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been an additional line is provided for the latter statetor, Architect, Locomotive engineer, Civil engineer, STATEMENT OF OCCUPATION.—Precise The question applies to each and every

definite synonym is "Epidemic cerebrospinal menin-gitis"): Diphtheria (avoid use of "Croup"): Tadisease. Examples: Cerebrospinal fever (the only using always the same accepted term for the same mary affection with respect to time and causation), monia," unqualified, Name, first, the DISEASE CAUSING DEATH (the priphoid fever (never STATEMENT OF CAUSE OF DEATH .report "Typhoid pneumonia"); Broncho pneumonia ("Pneu-is indefinite); Tuberculosis of

ample: Measles (disease causing death), 29 ds.;
Broncho pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as e "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as it "Puerperral septichæmia," "Puerperral peritonitis," etc. State cause for which surgical operation was mine definitely. Examples: Accidental drowning; affection need not be stated unless important. Exetc. The contributory (secondary or intercurrent) valenlar heart disease; Chronic interstitial nephritis, lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor' for malignant neoplasms); Measles; Whooping cough; Chronic ture of skull, and consequences (e. g., sepsis, tcta-nus) may be stated under the head of "Contribuof head—homicide: Poisoned by carbolic acid— probably suicide. The nature of the injury, as frac-Struck by railway train-accident; Revolver wound undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMI-

without explanation, as the sole cause of death: mation which give any of the following diseases. Certificates will be returned for additional infor-

Gangrene, Phlebilis, Hæmorrhage, Gastritis, Miscarriage, Necrosis. Cellulitis, Pyamia, Erysipelas, Meningitis, Septicamia, Tetanus. Childbirth, Convulsions, Peritonitis,

The following must be referred to a Coroner:

Deaths due to decident (it erhunder negligence possibly involved); Suicides, Homicides, Abortions (if induced), whether deathlis directly or indirectly due to the same. BUREAU, V. S.

PHYSICIANS should state of OCCUPATION IS very

Exact statement

properly classifled.

AGE should

carefully supplied.

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PARENTS

15

RECORD

PERMANENT EXACTLY.

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PERSO	NAL AND STATISTIC	CAL PARTICULA	IRS
3 SEX Female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDWED, DRDIVORCED (Write the wo	ra) Marie
6 DATE OF BIRTH	(Month)		, 1.850
7 AGE	(3) ontin)		(Year)  If LESS than  1 day,hrs.  ORmln.?
8 OCCUPATION (a) Trade, profession, particular kind of wo	or House		
(b) General nature of business, or establishment which employed (or e	f Industry, shment In		
9 BIRTHPLACE (State or cour	ntry) Crela	and	

STATE OF N	IAK	LAND
CERTIFICATE Registration	OF	DEATH
Registration	Pist.	No. 4d

.Ward)

[It death occurred In a hospital or Institution, give Its NAME Instead

			and the second second	
		L CERTIFICATE	OF DEATH	
16 DATE OF	DEATH	Janas	12	191
		(Month)	(Day	(Year
17	I HEREB	Y CERTIFY, That	l attended d	eceased fr
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that I last s	aw b / a / a	illye on	17	
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Secondar (Signed)	Deo A 2,191 4	(Address)	Lyrs. Lagran	be
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*State t CAUSES, SI TAL, SUICI  18 LENGTH OR RECEN' At place of death	Dec 1. 2, 191	(Address)	or, in deaths fand (2) wheth	rom Viole ber Accide
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)



[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is Indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



V. S. No. 1.

N. B.

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	RECORD	PHYSICIANS of OCCUPAT
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
MARGIN	WRITE PLAINLY, WITH	Every Item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.

Registration Dist. No.
Village or City Canton (No. 3416, Dillon St.; Ward)  2FULL NAME Catherine Storch  [If death occurs a hospital or institution of street and number of street
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
Ternale White Single (Month) (Day (Your Start))  Tomale White the word)  Tomale Office (Write the word)  Tomale Office (Month) (Day (Your Office))  Tomale Office (Month) (Month) (Day (Your Office))  Tomale Office (Month) (
TAGE    Tage   If LESS than   and that death occurred on the date stated above, at 4/5
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland  Contributory Secondary
10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  (Signed)  (S
13 BIRTHPLACE OF MOTHER (State or country)  Manyland  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)  At place of deathyrsmosds. Stateyrsmos
(Informant) The many Storch  (Informant) The many Storch  (Address) 3416 Dillon St.  (Address) 3416 Dillon St.  (Address) 19 place of Burial Or Removal Date of Burial
Filed June 27-, 1914. U.E. M. Clauallace Schwarts Cernetery June 2.7.  Filed June 27-, 1914. U.E. M. Clauallace Schwarts Cernetery June 2.7.  Proposition of the prop



[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not juid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work, and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But lu many "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy." ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valentar heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "PUEEPERAL septiehae-"Exhaustion,"



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution, give its NAME Instead of street and number.] <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ENT 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 1914 WIDOWED, ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw h 2 alive on ..... 6. (Month) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at .. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work... pe (b) General nature of industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributor = certifica that 10 NAME OF FATHER (Signed) Ö back PARENTS 11 BIRTHPLACE terms, (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, worn OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the : OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. DEATH State ..... yrs. Where was disease contracted. if not at place of death?. ō Former or OF Every item CAUSE OF important. usual residence. 15 20 UND Filed\_ REGISTRAR

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



### MARGIN

V. S. No. 1.

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PHYSICIANS should state of OCCUPATION Is very RECORD supplied. AGE should be stated EXACTLY. may be properly classified. Exact statement PERMANENT UNFADING INK-THIS certificate. that It item of information should be c. I OF DEATH in plain terms, so ant. See instructions on back of WRITE PLAINLY, WITH .B.—Every Item CAUSE OF Important.

5659 1 PLAGE OF DEATH,



### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty Julium	Registration Dist. No.
Vit	lage or City Sharrows (No. Jan.) 2FULL NAME Sillary Se	[If death occurred in a hospital or institution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	Male Mite Married (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 (I MEREBY GERTIFY, That I attended deceased from
8 D	(Month) (Day (Year)	m file de ceased 191 that I last saw h allive on 191
7 A	GE 33 yrs 8 mos. 2 ds. 1t LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a pa (b) bus	OCCUPATION  1) Trade, protession, or To Spariticular kind of work  1) General nature of Industry, siness, or establishment in Cutting James foots on lich employed (or employer)	and a sumper of fines by audent
98	18 (State or country) Balts. City houses  10 NAME OF FATHER DIE Shaus	(Signed) Scar (Buration) (Buration) (Signed) (Si
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  THE PROPERTY OF TH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
Q.	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
	3/1	If not at place of death?

Former or usual residence

cursh Cemetary	Belari	June
29 UNDERTAKER	00	ADDRES

BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. (a) Spinner, it should be used only when needed. For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. SIVED

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

### KRRA

PLACE OF DEATH	STATE OF MARYLAND
Walto -	CERTIFICATE OF DEATH
County	144
	Registration Dist. No.
Village or cive Dan ewstornting 120	[It death occurred in
Village or City fun custom (No. 17,	St.; Ward) a hospital or institution,
	give its NAME instead
2 FILL NAME Sull born in	Stant Of Thomas of street and number.]
FULL NAME	figure of the state of the stat
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH 1014
widowed, Ingle	and the state of t
ORDIVORCED (Write the word)	
8 DATE OF BIRTH	
June 18th 1914	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive o'n [91
7 AGE If ESS Man	and that death occurred on the date stated above, at
f day hrs.	The CAUSE OF DEATH was as follows:
yrs	THE CAUSE OF DEATHY Was as follows:
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(a) Trade, profession, or	
particular kind of work  (b) General nature of Industry,	
business, or establishment in	(Duration) yrs, mos, ds.
which employed (or employer)	1.11.0.
9 BIRTHPLACE (State or country)	Secondary Sullie
Han ensoms fled	
10 NAME OF M	(Duration) yrs mos ds.
FATHER Trancis L. Strains	(Signed) M. D.
	Muce 20, 1914 (Address) Domous soil
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	1
(State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4 12 MAIDEN NAME DO DE 7/ CO C	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	At place 'n the
(State or country) / ashington D.C.	of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Helen H. Strams	Former or
(informant)	usual residence
(Address) Dearcustoint	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Sparrowsom Cen June 20 1914
June 20 1. El All Am Jul	30 UNDERTAKER ADDRESS
1180	
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (4)

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ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

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state Very D . Registration Dist. No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country the DISEASE CAUSING DEATH, or, in deaths from VIOLENT SAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Af place In the Where was disease contracted. 14 THE ABOVE IS, if not et place of death? usual residence. mportant. CAUSE (Address 15

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### STATE OF MARYLAND CERTIFICATE OF DEATH

fit deeth occurred in a hospital or institution, give Its NAME Instead of street and number. ] (Year) (Y)av I HEREBY CERTIFY. That I attended deceased from State ..... yrs. \_ DATE OF BURIAL

ADDRESS



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### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman." As examples:

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5662 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

602 Edgevale Road st;

I'lf death occurred in a hospital or institution. give its NAME instead

of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, and WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE and that death occurred on the date stated above. at 2 If LESS than t day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or House. particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) artine School 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLAG 191 4 (Address ARENT OF FATHER (State or countr \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-Tal, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ... Where was disease contracted. If not at place of death?. usual residence BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

WRITE



[Approved by J. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carvin-

etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



1 PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Village or City arlington (NJ40)	Registered No
* FULL NAME RICHARD J	Clenely of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Minth) (Day) (Year)	that I last saw him allow on James 3 1914
7 AGE  1 If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the trate stated above, at m.  The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or falesman Muliana (b) General nature of Industry, business, or establishment in which employed (or employer)	bellotte myr francy +  letting ma Pietons 4  (Optation) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Seco
on 11 BIRTHPLACE JENGE Jench	(Signed) (Address) (Assured
OF FATHER (State or country) Congland  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Margaret B Lench	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) HO POCONCO JX	Mework N. 9 - Sate of Burjal June 1914
Filed Fallin D., 191. 100 C. REGISTRAR	JEM M. Gawthrop gol- W Merth
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S/No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. "Manager," "Dealer," etc., without in the precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprepar septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenițai," "Senile," etc.), affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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	N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be oarefully sup CAUSE OF DEATH in plain terms, so that it mai Important. See instructions on back of certificate.
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5663 PLACE OF DEATH County Baltimare



### STATE OF MARYLAND CERTIFICATE OF DEATH

		24
egistered	No	32

Village or City West arlington (No. 422/ Belijew avest

[If death occorred in a hospital or lostitution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, wishers on Business (With the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That Lattended deceased from
(Month) (Day) (Year)	that I last saw h. sid allve on
7 AGE If LESS than	and that death occurred on the date stated above, at
25 yrs. 2 mos. 13 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or	***************************************
particular kind of work	\$*************************************
(b) General nature of industry, business, or establishment in	7:/-
which employed (or employer)	(Doration) 713. 1105
9 BIRTHPLACE (State or country)	(Secondary)
Jammy	(Deration) / 5 yrs mos ds.
on 11 BIRTHPLAGE	(Signed) Tilliam G. Quen, M. D.  Lun 1 G., 191 4. (Address) Reling ton Mrd.
Z (State or country) Balta.	"State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCURE.
OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER 2 1 T	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   In the
(State or country) Sallo	of death yrs ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Market & Allers	Former or usual residence
(Address) 422/ Blyiew ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 More 4 August	20 UNDERTAKER ADDRESS
Filed 191 / Butt	Em hat for the
REGISTRAR	9. Michell 1201 W. Jayelle
If more blauks are needed, address State Registra	r, 8 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) Women at home, who are engaged in the Never return "Laborer," : "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinlossis of lungs, meninges, peritonacum, etc.. Carcinlossis

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viemia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acol-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of .... Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

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PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
County Dulling

5664



### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

/	6	Registration Dist. No.	.07
Vil	lage or citerar Hampsterf (No.		[If death occurred in hospital or institution, live its NAME instead
	2FULL NAME Lucietia a		f street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3 51	emale White Congress of Write the word)	(Month) (Da	
6 D	ATE OF BIRTH  August 10, 1966  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended to 15, 1914, to June that I last saw her slive on June	28 , 191 4, 27 , 191 4
TA		and that death occurred on the date stated above The CAUSE OF DEATH* was as follows:	1 9/5 am.
(a)	OCCUPATION OF Trade, profession, or Housewife General nature of industry.	heart disease	)
bus	iness, or establishment in Cour Frour	Contributory Rhueka ation	mosds.
	10 NAME OF Beressin a Should	Secondary (Signed) yes	Janos Ods.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death or, in decauses, state (1) Means of Injury; and (2)	aths from VIOLENT
PAR	of Mother Williams	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE	A
	13 BIRTHPLACE OF MOTHER (State or country) Williams	At place in the of death yrs mos ds. State yrs	mos ds
	(Informant) Edul Company Knowledge	Where was disease contracted, If not at place of death?  Former or usual residence.	373mmm,
16	(Address) Hampstlad, Ind	19	30 ,191 4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-"Foreman," (6)

Statement of cause of death—Namé, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never reporaffection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



WITH UNFADING INK—THIS IS A PERMANENT uld be carefully supplied. AGE should be stated EXACTLY.	LAINLY, WITH UNFADING INK-THIS IS A PERMANENT R
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4

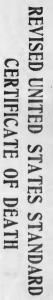
St .: .....Ward)

[If death occurred in a hospital or Institution. of street and number. I

give its NAME Instead MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. .... mcs. . Where was disease contracted, If not at place of death? ..... Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionacum, etc.. Carcin-

childbirth or miscarriage, as "Purrpural septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Never report Examples:





PHYSICIANS should state of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD properly classified. Exact statement stated EXACTLY. should be AGE carefully supplied. of information should be DEATH in plain terms, See instructions on back CAUSE OF Important.

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1 PLACE OF DEATH 5666



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; -Ward) [it death occurred in a hospital or institution,

²FULL NAME	Menous give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male & COLOR OR RACE SINGLE, MARRIED, Unknown, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 24 , 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I sttended decessed from
Month) (Day (Year)	
TAGE Canthrow It LESS than t day,hrs.	snd that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	(Duratton) yrs mos ds.
**BIRTHPLACE (State or country) Which employed (or employer)	Contributory Secondary  (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) . M. D.  *State the DISEASE CAUSING DEATH or, in deaths from Vinewr CAUSES, state (1) MEANS OF INJURY and (2) Wether Acceptance of the Cause of the Caus
OF MOTHER MACRONICAL  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, NETITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the of death yrs mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death?
(Intermant) (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  2334 PRACEDOM SX HUMB 24 1944
Filed June 24, 1914 W.E. The Manales	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N.B.



# REVISED UNITED STATES STANDARD



RESERVED FOR BINDING MARGIN

V. S. No. 1.

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm borer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) Typhoid fever (never report "Typhoid time and causation), using always the same accepted brospinal fever (the only definite synonym is "Epidemic ccreterm for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of

> sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAS, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less demnite; avoid use of "Tumor for many cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

BUREAU. V.S. RECEIVED

If more blanks are needed, address State Registrar, 6 E. Frankly, St., Balto

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.:...Ward)

Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH A HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 4-30 esto interde (Duration) .....yrs......mos \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS of death ...... yrs. ..... mos. .... ds. State ...... yrs. ..... mos.

1 PLACE OF DEATH

### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viochildbirth or mlscarriage as "Puerperal septiehac-"Heart failure," "Haemorrhage." "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for Never report



y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC NS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O. ATION is very		
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1 PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
. Gounty	Registered No. 3 2
Village or City(No,	St; Ward)  [If death occurred in a hospital or institution, give its HAME instead of street and number.]
<sup>2</sup> FULL NAME OR WAVE CAN	nunce l'écouz
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final White (Write the word)	(Month) (Day) (Year)  17 / I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	7 1914, to Jun 3, 1914, that I last saw h = allve on Jun 2, 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8 m.  The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, prefession, or particular kind of work	Josh Eulers
(t.) Beneral nature of industry, business, or establishment in which employed (or employer)	Contributory Sunth Herry Julian
9 BIRTHPLACE (State or country)  Frameway	(Secondary) yrs. mos. 6 ds.
10 NAME OF FATHER GLOCALISTS Schlach  11 BIRTHPLACE (State or country)  2 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER OF MOTHER	(Signed) (Si
of Mother Cont Buow  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds.
(informant) C Wintgel	Where was disease contracted, If not at place of death? Former or usual residence
Flied Jan # ,191 Dulls Registrar	Baltimore Country June 5, 181 4  20 UN DERTAKER Son Non 2503 Edmondy

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lli-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln lndustrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. It should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercunonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from "Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report



H. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No.

Cou	1 PLACE OF DEATH 5668	STATE OF MA	
oou		Registe	red No. 31
Vill	age or city Wellington (No	st;war	[If death occurred in a hospital or Institution give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH (Month)	(Day) , 1914.
6 DAT	(Month) (Day) (Year)	that I last saw hearth alive on	Plane 19,1914
7 AGE	11 LESS than 1 day	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at 4145 Q m.
(a) Tra partice	UPATION ads, profession, or Sasolner ular kind of work eneral nature of Industry,	Hypotete V	hunone
busines which	employed (or employer)  THPLACE THE OF COUNTRY)  Services of Country	Gentributory (Secondary)	Syphillis
	NAME OF Chas. H. Walther	(Signed) James Supering	hust M. D.
N _	1 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  2	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT d (2) whether ACCIDEN-
Ω,	OF MOTHER AUGUSTA SOSSE  OF MOTHER (State or country)  Services  Services	16 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	INSTITUTIONS, TRANSIENTS,
	e above is true to the Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.	,
15 Filed.	Hunry 1, 1914 Arwry a, nantor	19 PLACE OF BURIAL OR REMOVAL  Divid Redge  20 UNDERTAKER	DATE OF BURIAL CHINES , 181 H ADDRESS
	RESSTRAR  If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

5668





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekccpers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Heasles; Whooping cough; Chronio oma. Sarcoma. etc., of . "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: OF DEATH in piain terms, so that it may be properly classified. Exact semment of OCCUPANT. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a  GAUSE OF DEATH In piain terms, so that it may be properly classified. Exact segment of OCCUPATION is important. See instructions on back of certificate.

PLACE OF DEATH	51	6	1
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which employed (or employer) .....

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHFLACE

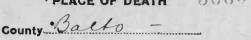
12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

PARENTS

16





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead

PERSO	NAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Geneale	Acolor or race Single, MARRIED, WIDOWED, ORDIVORCED (Write the wo	dones -	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRT		(Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914 that I last saw har alive on 1914
7 AGE	57 yrs 10 mos 24 ds.	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, particular kind of wo (b) General nature of	rk. Za	1 day,hrs.	The CAUSE OF DEATH* was as follows:

, t9t 4. (Address) 1714 U

(Duration) .....yrs.....

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or Homicidal.

OR RECENT RESIDENTS)	on m	JOPII ALS, INS	ILLOTIONS	, I MANSIEN	1
At place of death yrs mos	ds.	In the State	yrs	mos	1

if not at place of death? Former or

Contributory Secondary

usual residence

20 UNDERTAKER

ADDRESS

447 M Broadway

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniic," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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PLACE OF DEATH	(1)		TE OF MARY	
County Bultum	(11/	CERTI	FICATE OF Registered	
Village or City Broslow (No.		Ton		[It death occurred a hospital or institution give its NAME loster of street and nomber.]
PERSONAL AND STATISTICAL PARTICULAR		MEDICAL C	ERTIFICATE OF D	EATH
Le appelle	16 DA	1 HEREBY	(Month)	(Day), (Year)
(Month) (Day)	(Year) that I	last saw h allve		
50 yrs. 2 mos. 10 ds.	day,hrs. The G	Chrone Int	as as follows:	to
(a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in Sen Mose & Ling		CANON CONTRACTOR	(Duration) 6	ebut mos.
which employed (or employer)  BIRTHPLACE (State or country)  Africa h	Co	4	un Men	Drotay
10 NAME OF Jon Henry Wheter	(Signed	) //// (Add)	eye u	5. 3. N.
Z (State or country)	CAU	State the DISEASE CAUSES, State (1) MEANS, SUICIDAL, OF HOMICE	or Injust; and (2	leaths from Violent
of Mother Elizabet fun de 13 BIRTHPLACE OF MOTHER (State or country)	At place of deat	h yrs mos	in the	
(Informant) And Suddeline.	It not Former usual	ACE OF BURIAL OR F	REMOVAL D	ATE OF BURIAL
Filed Inc +3,181 4 A. F. H. Lors		DERTAKER	A	DDRESS

DE O IN O

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specithe nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Statement of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) sepsis, tctanus) may be stated under the head Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) "PUERPERAL peritonitis," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-



1 DI ACE OF DEATH

MARGIN RESERVED FOR BIN	WRITE PLAINLY, WITH UNFADING INK-THIS IS A F	N. B.—Every item of information should be carefully supplied. AGE should be sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.
N RESERVED	TH UNFADING INK-T	be carefully supplied. AGE so that it may be proper
FOR BIN	THIS IS A F	should be starly classified.

PLACE OF DEATH	STATE OF WARTLAND
County / Salt	CERTIFICATE OF DEATH
County	Posicionalian Diet No. 4/
98.	Registration Dist, No9
Village or City Oughlandton (No. 34/	3 Mystlo Il st.; Ward) [It death occurred in a hospital or institution.
Thinage of City	a hospital or Institution, give its NAME Instead
11 th. 1	Villedam of street and number.]
FULL NAME Slamenus //	elhelm
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
to market Widowed Wedow	1914
Multo ORDIVORCED (Write the word)	(Month) (Day (Year)  17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1 La bio
Mars. 6. 7 . 83	1916, to June 0, 1916
(Month) (Day (Year)	that I last saw & Ev allye on June 5 , 1914
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 5 0. m.
1 / / 2 a 1 day,hrs.	and that doesn't do on the date stated above, at
yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work.	· · · · · · · · · · · · · · · · · · ·
(b) General nature of industry,	- Mariey
business, or establishment in	Souration) yrs. mos ds.
which employed (or employer)	Clake Cal
9 BIRTHPLACE (State or country)	Secondary Secondary
Namany	Quration) yrs mos & ds.
10 NAME OF FATHER	Do Oaka
Wourad Demuler	(Signed) , M. D.
O 11 BIRTHPLACE OF FATHER	1111/6, 191 (Address) 300/10/ Dallo
(State or country) Germany	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
m. 1 So. 1. ma . 0.	It not at place of death?
(Interment) / 182 Carper / Meusel	usual residence
(Address) 3413 mystle of	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address).	Male of the the of
1. 11 1 11ef 9/0/0/	29 UNDERTAKER ADDRESS
Filed will J., 1914 W.E. Me Causlian	ADDRESS
REGISTRA	Muslian Miller 2334 Jefferson
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Kalto., Requesting V. S. No. 1

STATE OF MADVIAND





[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

V. S. No. 1.

PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. N. B.—Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH In plain terms, so that it may be properly classified. UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH Important. 1 PLACE OF DEATH

5672

### STATE OF MARYLAND

PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE	Golting -	CERTIFICATE OF DEATH
Village or City Prince Portion (a) Trade profession or particular kind of work (State or country) Pullage (State or country) Pull	ounty	Registration Dist, No.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  **COLOR OR RACE   5 SINGLE, PRINCE, P	1/1/	St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead
TAGE  COCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  CONTIDUENTS  CONTIDUEN	2FULL NAME Still born in	yout) William of street and number.
Month Blast of Signed (Month) (Day (Year)  Date of Birth (Month) (Day (Year)  (Month) (Day (Year)  If LESS than and that death occurred on the date stated above, at the CAUSE of DEATH; way as follows:  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Pallowne Co May  11 BIRTHPLACE (State or country) Pallowne Co May  12 MAIDEN NAME (State or country) Va -  22 MAIDEN NAME (1) CAUSE (State (1) MEANS OF ANJUAY; and (2) whether Accide CAUSES, state (1) MEANS OF ANJUAY; and (2) whether Accide CAUSES, State (1) MEANS OF A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH  (Month)  (Day  (Year)  (Month)  (Month)  (Day  (Year)  (Month)  (Month)  (Day  (Year)  (Month)  (Month)  (Day  (Year)  (Month)  (Month)  (Day  (Month)  (Month)  (Address)  (Signed)  (Contributory  (Signed)  (Month)  (Signed)  (Month)  (Signed)  (Month)  (Signed)  (Month)  (Signed)  (Month)  (Signed)  (Month)  (Month	male Black WIGWED, Sengle	(Month) (Day (Year)
If LESS than    day, hrs.	Jane 30 ,1914	that I last saw h
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Pallamene Co Ind.)  10 NAME OF FATHER Place OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, or HOMICIDAL.	AGE If LESS than 1 day,hrs.	
Secondary    Secondary   Collision   Colli	(a) Trade, profession, or particular kind of work	(Ouration) yrs mos ds
Signed Signed Signed Miller Willer Willer Willer Signed Miller Miller Willer Miller Mi	Caccomo do mos,	Secondary (Doration) yrs mos ds
	FATHER Thelep William	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE In the	of Mother (State or country)  The Above is true to the Best of My Knowledge	At place In the of death yrsmosds. Stateyrsmosds. Where was disease contracted, If not at place of death?
(Address) Pont m. 19 PLACE OF BURIAL OR REMOVAL  16 Spanwstonis Cemetary Culy 12, 191  Filed Line 30, 1914 G. C. H. Cormics M. 120 undertaker  Address  Address  Address  Address  Address  Address	6 June 20th of Allemand me	Jeonnestonis Genetary Luly 123, 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. SVNo. 1.



[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State eause for For vio-



	RECORD	PHYSICIANS of OCCUPA
	PERMANENT	stated EXACTLY.
	NK-THIS IS A	. AGE should be properly classified
	UNFADING I	carefully supplied that it may be certificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA important. See instructions on back of certificate.
No. 1.	WR	Every Item CAUSE OF Important. S

12 MAIDEN NAME

13 BIRTHPLACE

15

m

OF MOTHER

OF MOTHER (State or country)

should state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred lo Ward) a hospital or Institution, give Its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) Write the word armed I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1863 (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular klod of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) - LUL Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER. (Signed) weel 5, 1914. (Address) Main wets win 11 BIRTHPLACE ENT (State or country)

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place in the of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State yrs, \_\_\_\_ ds. Where was disease contracted. If oot at place of death?. Former or

usuai residence.

19 PLACE OF BURIAL OR REMOVAL

REGISTRAR

20 UNDERTAKER

DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-



PLACE OF DEATH	STATE OF MARYLAND
County Ballo	CERTIFICATE OF DEATH
	Registration Dist. No. 32
· N	2 Liberty 16to St.; Ward)  [If death occurred is a hospital or institution give its NAME losteat of street and number.]
2 FULL NAME Quetherine 1	3. Municer and womber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, LOCALIN OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Year)
O DATE OF BIRTH  (Month) (Day) (Year)	The state of the s
7 AGE 83 yrs. 11 mos. 3 ds. 0R	18. The CAUSE OF DEATH* was as follows:
6 OCCUPATION  (a) Trade, protession, or particular kind of work	Epitholem of boxe (Buration) G.yrsmosds.
9 BIRTHPLACE (State or country) Juneary	Gontributory (Secondary) (Deration) yrs mos ds
10 NAME OF John Querocks	(Signed) St Valence , M. J
11 BIRTHPLACE OF FATHER  Z  W  12 MAIDEN NAME OF MOTHER CELLERING. Schungt	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Alermany	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Center to the Best of My Knowledge	Where was disease contracted, If not at place of death?  Former or usual restilence.
(Address) Baward Park  Filed 191 7 8 REGISTRAR	20 UNDERTAKER COOL STAR NO. OF
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed: As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion." "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mail; oma. Surcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 3 1914
BUKEAU, V.S.

GNIONIE	
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MARGIN	

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD

5675

1 PLACE OF DEATH

County Ballimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME CHARL May want	rum ware
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single (Write the word)	16 DATE OF DEATH June 2 , 1914 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
May 12, 1867  (Month) (Day (Year)	hovember 1914, to May 27, 1914, that I last saw her allve on May 27, 1914
7 AGE  1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7.45 G.m.  The CAUSE OF DEATH* was as follows:  Pulmon any Lubriculosis
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	about (Ouration) / yrs mos ds.
9 BIRTHPLACE (State or country) Luxembura - Euroke	Secondary Ouight disease (Ouration) yrs 6 mos. ds.
10 NAME OF FATHER John Writer	(Signed) D John S. Green, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
OF MOTHER Wargaret Pausch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
OF MOTHER (State or country) Luxemburg, Europe  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, Balkurse mos. ds
(Informant) Dr. Jores S. Green	Former or usual residence. Ballium ore
(Address) Lillings Md	Notal Cliff Orivate June 4, 1914
Filed 6, 191 Y Claus REGISTRAR	G. Kinh & Son 916 N. Gay
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report

